JOURNAL OF NURSING

Jocularity

The Humor Magazine for Nurses

Volume 6, Number 3 - Fall, 1996

THE JOURNAL OF NURSING JOCULARITY®

Volume 6, Number 3 Fall 1996

Publisher
Douglas Fletcher, RN
LaffinRN@neta.com

Send Correspondence to:
Journal of Nursing Jocularity
P.O. Box 40416
Mesa, AZ 85274

http://www.jocularity.com

Editor
Fran London, MS, RN
74462.606@compuserve.com

Contributing Editors

John Baringer, RN
Surgical ICU
Tucson, AZ

Anita Bush, RN, PhD, CNRN
Assistant Professor
Fairbanks, AK

Karyn Buxman, RN, MS
HumoRx
Hannibal, MO

Mark Darby, RN
Mental Health
Omaha, NE

Pauline Donnelly, RN, BSN
Medical Imaging
Bridgeville, PA

Carol Edson, RN, BA
Hospice
Livermore, CA

Colleen Gullickson, RN, PhD
Assistant Professor
Ridgeway, WI

Frances Kiefer, MSN, RN
Staff Nurse
Bemidji, MN

Susan Kravitz, RN, MS
Psychiatric Nursing
Valley Stream, NY

Katherine Robertson, RN, BSN, MSN
Community Health Nursing
Fort Drum, NY

Andrea H. Sangrik, RN, BSNA
Psychiatric-Mental Health
Cleveland, OH

Liz Schultz, RN, BSN, CPAN
Student of Nurse Anesthesia
Lincoln, NE

Bina Goodman Simon, RN, BSN
Telemetry
Evanston, IL

Judith Vallery, MSE, RN
Education
San Antonio, TX

Sue Falkner Wood, RN
Writer
Clovis, CA

Patty Wooten, RN, BSN
Humor Consultant &
Professional Clown
Davis, CA

Illustrators

C. J. Miller, RN
School Nurse
Washington, IA

Bob Quick, RN
Medical/Surgical ICU
Columbia, MO

John Wise, RN
Post Anesthesia
Clearwater, FL

Change of Address??

Don't miss a single issue of the Journal of Nursing Jocularity. Send your mailing label and your new address to:

JNJ - Address Change
5615 W. Cermak Rd.
Cicero, IL 60650-2290

The U.S. Postal Service does not forward magazine after 60 days of your address change. Please allow 8 weeks for Change of Address to be effective.

Journal of Nursing Jocularity®

Table of Contents

Vol. 6, No. 3 Fall 1996

Features

Cartoons

Departments

Journal of Nursing Jocularity® (ISSN 1055-3088) is published quarterly (February, May, August and November) by JNJ Publishing, Inc., 1815 W. 1st Ave., Suite 122, Mesa, AZ 85202. Periodicals postage paid at Mesa, AZ., and additional mailing offices. The Journal of Nursing Jocularity publishes humorous and satirical works in the fields of Nursing, Medicine, and other related disciplines. Send letters and manuscripts to JNJ, P.O. Box 40416, Mesa, AZ 85274.
World Wide Web: http://www.jocularity.com

POSTMASTER: Send address changes to Journal of Nursing Jocularity, 5615 W. Cermak Road, Cicero, IL 60650-2290.

To Subscribe: Send check or Money order (U.S. Funds only) to 5615 W. Cermak Rd., Cicero, IL 60650. See ad on page 43. We are unable to start subscriptions with back issues. Your first issue may take up to 12 weeks for delivery.
Address Changes: Send address changes to Journal of Nursing Jocularity, 5615 W. Cermak Road, Cicero, IL 60650-2290. Please include mailing label when making change of address or inquiring about your subscription. Allow 8 weeks for change of address to become effective.

Subscription Rates

USA	1 Year	2 Years	Canada , Mexico and Foreign	1 Year	2 Years
	$14.95	$25.95		$18.95	$29.95

The name Journal of Nursing Jocularity is a Registered Trademark under exclusive license to JNJ Publishing, Inc.
© 1996 by JNJ Publishing, Inc. All rights reserved. Material in this publication may not reproduced in any form without permission.

Journal of Nursing Jocularity is indexed in the Cumulative Index to Nursing & Allied Health Literature.
Printed in U.S.A.

EDITOR'S NOTE

Here at the editor's desk of the *Journal of Nursing Jocularity,* I have my finger on the pulse of Nursing. I may not be a Chinese physician who can diagnose every body organ by feeling the pulses, but I do know something is wrong.

Submissions of funny stuff to *JNJ* are decreasing. In my discussions with nurses around the country, themes of frustration, hopelessness and helplessness abound. Everywhere, nurses are responding to changes in the health care system with a sense of loss of control. We are experiencing learned helplessness (believing we are unable to make changes, because we did not change things in the past) and low self-efficacy (believing we are unable to do anything, which creates a self-fulfilling prophecy). Like someone in a clinical depression, we are losing our sense of humor.

You already know humor is a mature, effective stress-reduction tool. But it's also a wonderful tool for enhancing creativity. It loosens associations and lets new ideas be acceptable, even if for a moment. **Playing with humor can catalyze creative solutions to overwhelming predicaments.**

We're not using humor enough to help us problem-solve here. I look at the submissions to the *Journal of Nursing Jocularity,* and see many potential areas totally ignored.

Why isn't anyone submitting jokes like:

How many nurses does it take to run a hospital?

None. Just call each of your employees a "patient care provider" and no one will know they're gone.

(OK, so maybe that's not funny. But it was someone's creative solution.)

Why hasn't anyone submitted a story on what work would be like if nurses had personal secretaries? How much paperwork do business executives need before they can justify an assistant to take dictation, make phone calls and type for them? Aren't we up to those volumes yet?

Or why haven't we gotten an article that describes what would happen if nurses started a hospital on their own? After all, hospitals exist to provide twenty-four hour nursing care. Patients are admitted to hospitals to be assessed, monitored, intervened with and taught by nurses. Doctors and physical therapists can see patients in their offices. MRIs and endoscopies can be done out-patient. Why shouldn't nurses start their own hospitals, organizing everything around caring for patients? In this scenario, doctors would be mere technical consultants, as they are in real life.

So next time you hear yourself thinking, "what will become of me?" or "what will happen to nursing?" use a little humor to come up with a creative answer. Forget all the usual roadblocks like budgets and JCAHO and the-way-it's-always-been-done. Loosen up. Play with it. Make lists (see the article in this issue, "Being Funny On Purpose"). Draw pictures. Be silly. Laugh. Something wonderful can come out of it.

And don't forget to send your creative solutions to me. The hospital where I work is talking "integrated system" with two others in town, and I need a good laugh, too.

Who knows? Maybe we can change the world.

Fran London

Fran London, MS, RN
Editor

Stethoscope:
Listening to our Readers

I just finished the article about nurses' bladders. My husband and I were going to adopt a puppy from a shelter. They insisted that one of us had to be home 24 hours a day, or we would not be allowed a puppy. Since we both work full time, we were disappointed. When asked the rationale for this rule (after all, we would still have been a wonderful home to a puppy) the reply was, "How would you like to be told you couldn't go to the bathroom whenever you needed to? Puppies need to go at least every two hours, and we would cause all sorts of problems if we did not cater to this need." I left before I started laughing. After all, I can go a shift without my pee break.

I wonder about all of my problems . . .

Ann Soutter
via Internet

I am a nursing instructor in the Diploma Nursing program at Keewatin Community College. I am planning on taking my Masters Degree in Nursing or Education in the near future and would like to do it in the area of humour and its positive effects on health and learning retention.

I was reading "Stethoscope" and came across the letter from a nurse in Quebec Canada asking if there were any programs that you knew of that offered this as an area of study. I, too, would like to receive any information you may have.

Cindy Nordick, RN, BN
The Pas, Manitoba, Canada

Editor: The next letter gives you a place to start.

As a faculty member and the Associate Chairperson at the Department of Psychiatric Nursing at Rush University in Chicago, I am a strong supporter of humor research. My own dissertation explored the use of humor as a strategy to cope with stress among paramedics. We currently have a DNSc student who is studying the effect of humor on natural killer cell activity. I would hope we could interest other students to investigate the effects of humor on any number of psychological and physiological processes.

Throughout our graduate program, MS, ND, DNSc, there is the opportunity for students to integrate humor theory, application and research into their papers and projects. I personally look forward to assisting these students apply humor in their studies and everyday lives.

Lisa Rosenberg, PhD, RN
Associate Chair for Education
Psychiatric Nursing Acting Director
Student Support Services
Rush College of Nursing
Chicago, IL

I spent twenty years doing newborn intensive care and kept my coworkers laughing through some pretty horrific circumstances. I always recognized my "gallows humor," but realized that it helped to ease the stress. Now I teach bioethics, and there's lots of funny stuff there too—I'm always talking about death. I commend you on your journal. I'm going to subscribe and I'll be asking for author's guidelines, because I'm a writer too. I'll have to think about some funny incidents. I LOVED the Step CPR article, but I do also know how that could be misunderstood. "Real" people think we're weird for laughing, but it sure beats crying! Thanks for your good works in this area. You're filling a real need!

Cheryl Hall Harris
via Internet

Recently our granddaughter was taken to a hospital. While waiting for her, I picked up a copy of *JNJ*. What a delight! In the midst of tension and anxiety we were able to laugh and smile, which was a therapeutic experience. I am a retired Baptist minister and I think it is good that any vocation can laugh at itself. The church takes itself so

seriously at times that it fails to see the humor in the vocation. The Door (formerly The Wittenberg Door) is the church's *JNJ*. As you might imagine, many think it is a sin to laugh, especially at themselves.

Ronald Ricketts
Plainfield, IN

Two things if I may:

First: Let's take all the Administrators and government officials who say hospitals are overstaffed, and put them on normal, understaffed floors. Let them wait an hour for a nurse—and we'll get the best laugh of all.

These elitists claim overstaffing because they receive VIP treatment. Once they get an infusion of reality, things may change.

Second: I had shown an instructor *JNJ* Volume 1, Number 1. Her nursing diagnosis (prognosis) was that the journal was a "terminal" case. But whenever I said an IV was infiltrated and she insisted it wasn't, she was wrong, too!

Sometimes the *JNJ* is all that gets me through the frustration!

Talyah Fineberg, LPN
Jersey City, NJ

I think *JNJ* is a great mag. I finally subscribed to my own copy. I always carry tissues when reading *JNJ*. Big tears flow from laughing so hard! Also, when I read your mag I am at the hospital where a crash cart is located (just in case).

Being serious now. I think most of what I read in *JNJ* is funny. There is stuff I don't understand or just don't like or even is offensive. I believe I am mature enough to say it is funny to me but people take jokes or laughter differently. You have a hard job to help most of us laugh at ourselves and our jobs. Keep up the good work. Thanks again for sending my new subscription fast!

Mark Davis, RN
Brentwood, TN

Editor's note: If it's any consolation, there's stuff in JNJ I don't understand. My clinical background is in pediatrics and psychiatry. I have to ask colleagues the meaning of some specialized abbreviations or if the stuff on telemetry is funny. Networking is essential in this complex health care system.

Just woke my husband up laughing out loud. The death stuff was hysterical. . . . I've been a nurse for thirty years and work in long-term care and being irreverent has eased many a stressful day.

Death is my life. So is training nurse aides who think coming for a job interview in a Steeler t-shirt and only one nose earring is dressing up.

Too late to change now. I'm in a tough stage of life. It's that not-done-with-menopause-yet stage but the bladder-ain't-so-hot-now-either stage. Deciding between the Kotex pad and the Depends pad every morning is a real stressor. There should at least be a couple of years between for "it" to air out.

Anyhow, I enjoy your site. You are my kind of people!

Marilyn Pekarcik, RNC
via Internet

Special Opportunity: JNJ Publishing, Inc. (The Journal of Nursing Jocularity) is starting another publication and we are looking for help. It is a newsletter for hospitals, organizations and individuals involved with humor rooms, humor carts and other humor projects.

If you are involved in some type of humor project within your organization or are planning one, and would like to be on our editorial board, request an information packet from: Karyn Buxman, PO Box 1273, Hannibal, MO 63401-1273, or email humorx@nemonet.com.

Note to Authors: The Journal of Nursing Jocularity is in need of a few more contributing editors. If you are interested in being involved with our publication, send a S.A.S.E to:JNJ Conedit Request, P.O. Box 40416, Mesa, AZ 85274 and we send you a packet with details.

Send your correspondence to: JNJ Stethoscope, P.O. Box 40416, Mesa, AZ 85274 or email to LaffinRN@Neta.com. We reserve the right to edit letters for length and clarity.

The Adventures of INDIANA BONES

NICU NURSE

by Raymond Bingham, RNC

Chapter One: The Assignment

I was a graduate nursing student starting my clinical in Critical Care. I remember how my hands shook with nervous anticipation as our instructor called out the assignments. When she looked at me and said, "You will be with Indiana Bones in the Newborn Intensive Care Unit," I knew my prayers had been answered. Who would not want to work with such a legendary figure? This would be no ordinary rotation!

My first morning with Indy (as he asked me to call him) in the NICU was pretty uneventful. An emergency transport, a couple of crash C-sections to attend, a couple of neonatal codes to conduct. Nothing to write home about in the typical day of the NICU nurse.

However, all that changed shortly after lunch. I approached Indy with a problem. "The doctor has requested a bedside glucose determination on our baby in bed one," I informed him.

His brow furrowed in deep thought, and his nostrils flared in concentration. "What he asks is not easy," replied Bones in a harsh, stern voice, "but it can be done. And Jo, you are about to find out what real nursing is all about—digging around for equipment. Prepare yourself. We must embark immediately on a hunt for the Lost Glucometer."

Chapter Two: The Myth

At the mention of the word, my heart raced. Could such a machine really exist? In this hospital? I had heard rumors. Then Indy told me the story.

Many moons ago, the unit had, indeed, acquired The Glucometer. It was a small, rectangular instrument. You could hold it in your hand. It had little flashing lights and short, high-pitched beeps. Most importantly, it could take an ordinary drop of human blood, and convert it into a Number. That Number could then be written on a flow sheet. And that was good.

Too good, in fact. Many people decided they needed that Number, all the time. Soon the machine was coveted and in constant use. It grew weary. It gave error messages. It required calibrations. It even required Quality Assessment. Everyone grew dependent on the machine. They idolized it, they worshipped its function, they needed The Number. They clamored for more machines. But no new machines came.

Eventually, those who worked with the machine began to notice it had acquired a new power. It could walk. The machine seemed to wander around the unit, of its own free will. It was cunning and slippery. It could never be found when needed. Sometimes it could even jump into the pocket of an

unsuspecting nurse walking by, and follow her home. Actual sightings of the machine grew rarer and rarer. Quickly it passed into the realm of folklore, then became part of the unit mythology. Before long, no one could remember for sure ever having or using such a machine.

Chapter Three: The Search Begins

The prospect of searching out this mythical relic brought life to my preceptor's eyes. We discussed a plan of action. "Let us not overlook the obvious," he cautioned, "In the ancient days, The Glucometer was rumored to be kept inside a Great White Box, in the territory of the Nurses' Station. There we shall begin our search."

Quietly, so not to alert others to our task, we began our trek. Down one long hall after another, I followed my hallowed mentor. Just when I felt I could walk no longer, a firm hand on my shoulder stopped me. With a dart of his eyes, Indy directed my gaze. Sure enough, we had reached the Nurses' Station, and there, on a shelf just off to one side, stood a box. Not just any box, I gathered from his awed expression, but the Great White Box itself.

Chapter Four: The Contents Revealed

Indy motioned for me to stand still behind him. I watched as he intently peered all around. The path was clear.

With cat-like quickness he leapt forward and pounced on the box. Unable to contain myself, I jumped after him. Together, we held the box up. On the front I could read with a quick glance the words,

"Glucometer

Please Replace After Use."

But I averted my eyes from the holy text, for fear of angering the gods.

The box felt so solid, so weighty, so plastic in my hands. Surely our quest was successful, it must contain the machine. In great anticipation we flipped up the latch on the cover and opened it.

Inside we could see the carefully molded impression in which the great machine would rest. But the box was empty.

In a tired voice worn deep with sad, time-honed wisdom, Indy grumbled, "It's never in here."

Chapter Five: Continuing the Quest

Behind the box, though, there were two thin books. I understood from the reverence with which Indy gazed upon them that they must contain some sacred scripture. Indy swiftly swept them into the pocket of his scrub jacket.

"These could come in handy," his gravelly voice muttered through a knowing smile.

I sat for a moment, confused and dejected. Where could we continue our quest?

But no shred of doubt or surrender clouded Indy's mind. He was a true nurse, determined in his mission. Walking off, he called, "Follow me."

Up and down each long aisle we trudged. At every bedside we would stop and look around. Then, to any person in a scrub suit we encountered, Indy would pause respectfully, bow slightly and, in a well-practiced chant that resembled a holy mantra, inquire, "Have you seen The Glucometer?"

But each inquiry met the same response: a downward glance and a quick shake of the head. Some even confessed of their own failed searches. Things looked grim.

Finally, at the end of the last aisle, almost out of hope, we came to the last bedside and recited one last chant.

"Yes," came the reply. Our faces lit up, and our hearts soared. Affirmation at last! Then she continued, "I think Laurie came down from the PICU to borrow it. Theirs was broken."

With these words, the color ran from Indy's face and he slumped into a chair. "Peds. Why did it have to be Peds?" The empty tone of resignation in his voice alarmed me. He continued, "I hate big kids."

Chapter Six: A Dangerous Mission

I would have stopped right there, and returned to the doctor saying some things just are not meant to be.

But, true to his legendary status, the resourceful Indy refused to acknowledge defeat. As his color returned, I could see his expression become one of anger and disbelief. Our machine, he appeared to think, has been stolen and is being held in hostile environs. Overcoming his fears, he set his jaw in determination.

Without a word, he grabbed my hand and led me up a back stairway. We came out by a small door with a sign that read "Pediatric Intensive Care Unit: Authorized Personnel Only." Silently, we slipped through. Indy peered around the corner at the assignment board, and found the room number of Laurie's patient. Stealthily we slid to the half-opened door.

Peering inside we saw a young boy, maybe seven or eight, lying in a bed. Indy briefly turned away and gagged.

"God, how I hate big kids," Indy said.

Around the room we saw the oximeter, IV pumps and other unidentifiable equipment. Over in the far corner was the nurse, Laurie, sitting at a table, writing. On the table beside her, we saw it. We saw The Glucometer!

"I'll need a diversion," whispered Indy.

Putting on my best dorky new student demeanor, I slammed open the door, burst into the room, and shouted, "Hi, my name is Jo. I'm doing my clinicals here. Do you mind if I have a quick look around? Say, what is this thing?" I asked, reaching for an IV pump. Laurie instinctively jumped up in defense of her patient. That was all Indy needed to slip in behind me, grab the machine and run out.

"Hey, I need that. My patient's on an insulin drip," we heard her call as we ran down the hall. But she was too late.

As we rushed out of the PICU door and down the stairway, I heard Indy yell to her, "Don't worry, we'll bring it right back." I learned later that was the traditional, ritualistic response at the taking of any equipment, but I knew it was a lie. You never share such a treasure. If Laurie wanted it back, she could come down and get it, over our charred, smoldering bodies.

Chapter Seven: The Sacred Books

With the flush of excitement I felt upon retrieving the machine, I understood what Indy said to me at the outset. I knew now I had passed my initiation into the life of a true nurse.

Back downstairs on our unit, we examined our prize. There were many buttons, with small, strange letters and symbols on them. We did not know what any of the buttons meant. Indy brought out the books he had found earlier and handed them to me. One said *Instruction Manual,* the other said *Error Codes.*

Together we pored over the ancient, tattered books, hoping for divine understanding of the sacred machine. I felt awed in the presence of such utilitarian complexity.

Chapter Eight: To Be Continued

Will we be able to decipher the instructions and activate the machine?

Will it contain a live battery?

Will it give a dreaded Error Message, which must be deciphered from the ancient Error Code commandments?

Will it need adjustment, cleaning, calibration, or worse, QA?

Will it accept the tiny sacrificial drop of blood from our patient and give us a Number?

And finally, will we be able to defend ourselves from others who come to "borrow it"?

Find out next time on the continuing adventures of Indiana Bones, NICU Nurse.

Death of an Afternoon

by Sherrie Gish, RN, CCRN

The last place you want to be on a balmy spring day is working a seven a.m. to seven p.m. shift on an intensive care unit. But there I was.

At two p.m. the assistant nurse manager came over and said there was an extra nurse scheduled from three to eleven. She asked if I would like to go home four hours early and leave at three.

My head filled with delightful visions of all the things I could do on this lovely day with four extra hours off. Little did I know I was soon to experience the emotional roller coaster ride of the grieving process.

By 3:15 the nurse who was supposed to take my place had not appeared. Her shift started at 2:45. I experienced a sense of **denial**. "Oh, she's coming in," I told myself, "she's just running a little late."

At four o'clock **anger** set in. "That little $#!*@. How dare she not show up! She didn't even call. Who does she think she is?"

Bargaining started at four-thirty. "OK, I'll call her house every ten minutes or so. If she's home and offers to come in, all will be forgiven."

At five o'clock, as I admitted my third patient that shift, anger again reared its loathsome head. "She'd better be sick. Hell, she'd better have head trauma with amnesia."

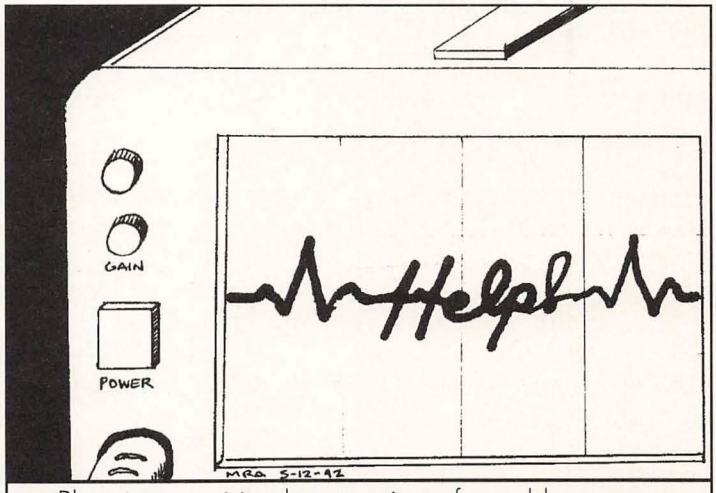
At six o'clock, with one hour left in my twelve hour shift, I reached the point of **acceptance.**

I wrote myself a care plan. Diagnosis: Ineffective individual coping related to depression over the death of an afternoon.

I listed several interventions. I allowed myself time to grieve. I sat down and spent some non-task-oriented time with myself. I used gentle touch and open-ended statements and, of course, I gave myself time to express my feelings.

I had two outcome statements. My short term goal was not to cause bodily harm to that nurse the next time I saw her. My long term goal was to forgive her for causing such a terrible loss.

I have to admit though, part of me wondered if I could bring a suit against her for mental anguish.



Planning a spiritual possession of an old enemy, a ghost accidentally lands in an ICU monitor. Trapped, it's mistaken for an arrhythmia.

Infection Control Imponderables

by Steven J. Schweon, BSN, RNC

Did you every wonder why:

- Your patient is placed in AFB isolation after you spent two hours in the room taking a history, starting IVs and suctioning?

- Staff will blatantly disregard isolation signs that are large, colorful and bathed in neon lights?

- Staff will be handwashing zealots when they know the infection control practitioners are around?

- Staff wears masks, goggles, hats, booties, gowns and double gloves for a simple contact isolation?

- Emergency Room staff will be dressed in full isolation gear when they escort a patient to your unit, but they forgot to tell you he was on isolation?

- Staff answer the telephone at the nurses' station wearing full isolation garb?

- Physicians over-prescribe antibiotics so every time your patient sneezes or coughs at least five other patients are cured?

- The new powerful antibiotics have so many side effects, you have to be in perfect health to take them?

- The new miracle antibiotics keep patients alive long enough to pay their bills?

- Physicians who order isolation are reluctant to go into their patient's room themselves?

- Surgeons who write complicated, illegible wound care instructions have very legible bills?

- Physicians that are sticklers for PPD's never get them for themselves?

- Physicians advise patients that the best way to stay well is to avoid infections?

- Patients who are meticulous and demanding with their personal hygiene let doctors manipulate tubes and lines with dirty hands?

- Surgeons who demand strict aseptic technique in the O.R. practice septic technique at the bedside by not washing their hands between patients, using their bare hands to change dressings and ignoring isolation signs?

- Your hypochondriac patient demands reverse isolation after seeing someone sneeze on television?

- Pagers and monitors always go off when you're in an isolation room?

- Electric chairs are cleansed and disinfected between electrocutions?

- Before a lethal injection is administered in prison, the skin is prepped with alcohol to prevent infection?

- Endemic is defined as other people getting it while epidemic is defined as you getting it?

- You begin to itch and scratch after you hear your patient has lice?

- The day after you give your patient a flu shot you become sick yourself?

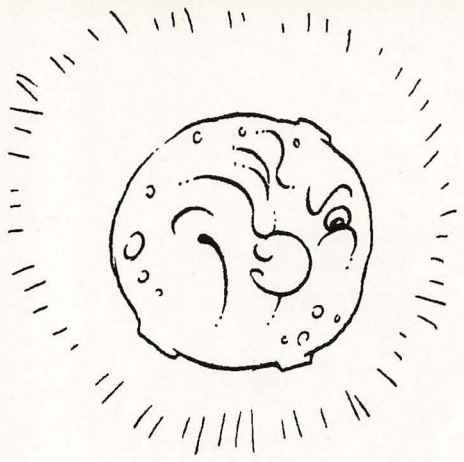
- Your co-workers diligently monitor you for symptoms as you care for the acutely ill patient who has a rare viral hemorrhagic fever and is in Strict Isolation, in a negative air flow room?

- It takes hours to receive your isolation cart from supply when your very ill patient is placed in Strict Isolation and has C. difficile diarrhea?

- You become exposed to Hepatitis B the day before you plan to begin your immunization series?

- Despite wearing proper respiratory protection, you wonder how long you can hold your breath around your patient with a very active pulmonary infection?

- The rules don't say that patients with infectious diseases should wear isolation garb to protect health care workers from infections?



Salmonella

Karen Lewis, MD

Everyone knows Cinderella
And her problems at the ball,
But her case of Salmonella
Isn't talked about at all.

Some will blame the food she'd eaten,
Others blame a dirty guest.
Anyway, some Salmonella
Made the maiden quite distressed.

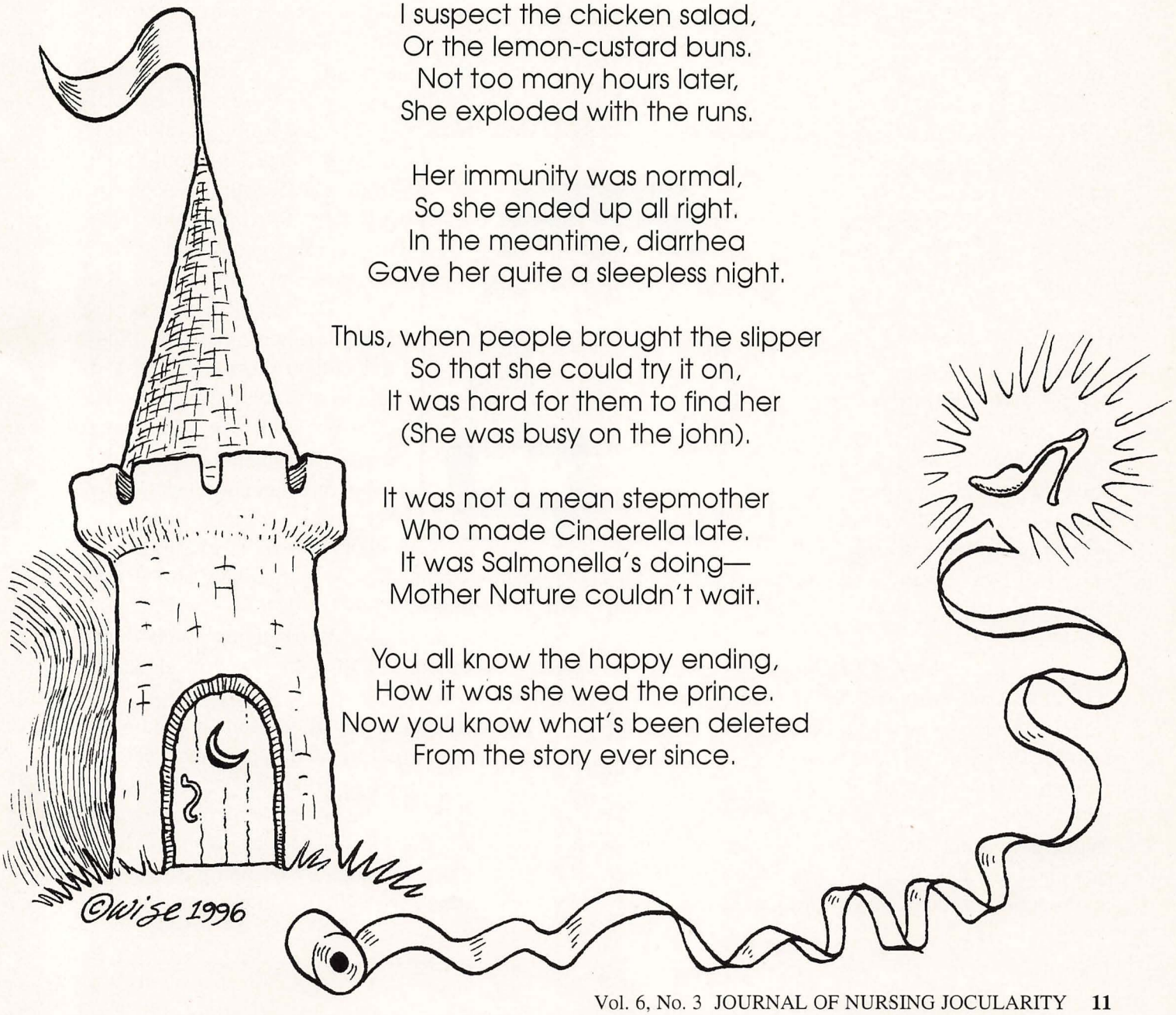
I suspect the chicken salad,
Or the lemon-custard buns.
Not too many hours later,
She exploded with the runs.

Her immunity was normal,
So she ended up all right.
In the meantime, diarrhea
Gave her quite a sleepless night.

Thus, when people brought the slipper
So that she could try it on,
It was hard for them to find her
(She was busy on the john).

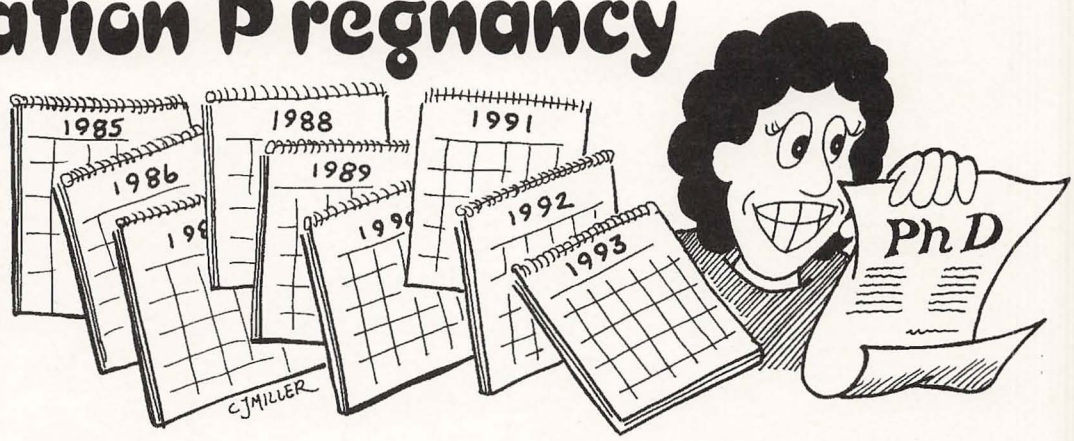
It was not a mean stepmother
Who made Cinderella late.
It was Salmonella's doing—
Mother Nature couldn't wait.

You all know the happy ending,
How it was she wed the prince.
Now you know what's been deleted
From the story ever since.



My Nine Year Dissertation Pregnancy

by Marcella A. Hart, PhD, RNC



I had been out of college for twenty years and was becoming burned out in my position as Clinical Nurse Specialist, so I did the only logical thing. I went back to school for my doctorate.

Now, I should warn you that juggling school in Ohio, work and home in Georgia, and three kids in college is not as easy as it sounds. It was about as simple and painless as childbirth.

With apologies to Rubin (1975), there are several psychological tasks to accomplish during the three trimesters of pregnancy, such as ensuring safe passage, seeking acceptance of the child by others, accepting the mothering role and learning to give of oneself. Maternal-child nurse that I am, I want to tell you about my "dissertation pregnancy."

First Trimester

Four years of summer classes. During this time, I often asked myself, "Why am I here?" "What did I do?" These are the same questions the pregnant woman asks as she tries to accept her pregnancy. As with pregnancy, it was a time of great change and trepidation. I became socialized to graduate education and grew in several ways, especially in the use and function of the business card and the computer. As usual, there was a welcome party. Student introductions were an eye-opening experience.

"Hi, I'm Paula. I have my degree in Medical Surgical Nursing and my area of research is integrality and patterning in relation to bedpan usage," or some other impressive topic. And she promptly distributed her business card. Everyone had one!

Then my turn came. "I'm Marcella Hart. I'm a staff nurse from Savannah, Georgia. And I have no business card." (Needless to say, next year I had one.)

The work of pregnancy continued. During the first summer, I typed two major papers on my Olympia standard typewriter while just about everyone else was using computers, or at least talking knowledgeably about them.

The second summer I moved up a notch—to an electric typewriter. I thought I was in electronic heaven.

The third summer I had my son's Commodore computer and a word processing package, designed for processing some foreign language, certainly not APA style. I spent many a night with my son on the hall phone, running back and forth to my dorm room trying various commands to set margins, indentations, page numbers, and other important aspects of

paper writing. I never knew what my paper would look like until it was printed, just like the mom is surprised at the birth of her new baby. It might have been easier to stick with the Olympia standard. But somehow I finished the papers.

The next summer I had a state-of-the-art portable computer which saw me through to the delivery.

I made it through the first trimester of theory classes, research classes and statistics. I had become adjusted to the grad school life.

Second trimester

Preparing for candidacy. Like the pregnant woman, during this second trimester I became more introspective, trying to unearth an idea for my dissertation research. The pregnant woman usually experiences periods of tranquillity and enjoyment. But for me, developing the idea and then writing and rewriting the proposal were more like continuing to have morning sickness the entire pregnancy.

I lived in the graduate dorms for a full semester to complete my proposal and study for candidacy. Friends and relatives from the outside world often said, "You're living in a broom closet!" Now I know what a baby feels like in his cramped quarters. A pregnant mom feels she gives up many things in order to prepare for the new baby. Actually, being away from work and home responsibilities made it easier for me to concentrate on the important task. Thanks to many informal evenings in the dorm, my idea about self-care and pregnancy was germinated.

An additional pregnancy support person entered my life during this time, Dorothea Orem. I learned that Dorothea Orem of Self-care Deficit Nursing Theory (1995) fame had retired to Savannah, Georgia. I arranged to meet her, and she became my mentor. Without her encouragement, The Dissertation could not have been born. I got through this trimester and successfully completed candidacy exams in December 1991.

Third Trimester

Dissertation research. As the baby becomes more real, the pregnant woman makes final preparations for the safe passage. I, too, was settling in to the real work of the "dissertation pregnancy." Despite a major rewrite of my candidacy proposal, the doctoral degree became more real.

Collecting data seemed to take forever, just like the last few weeks of pregnancy. I had to wait for my subjects to deliver their babies, and of course the last one was overdue. According to her physician, a pending dissertation is not sufficient reason to induce labor.

The phone calls and letters between my chief support person and dissertation chairperson, Dr. Karen Budd, were too numerous to count. Long distance births are not easy. My committee was great and provided the necessary reassurance for the birth process.

Delivery day was April 2, 1993 at noon when I successfully defended my dissertation and celebrated with my graduate school siblings. My six-week check-up and discharge from graduate school was May 23, 1993, graduation day. This was the final celebration with my other support persons present, my husband and children.

The pregnancy was a bit long—9 years. The delivery slightly painful. But as with all mothers, the results were worth it, and the pain quickly forgotten.

Resources

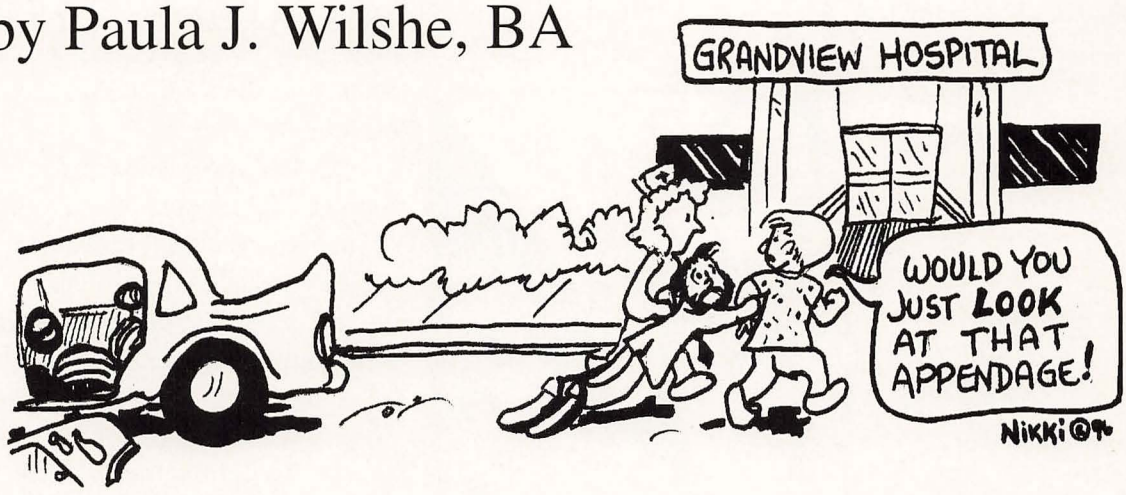
Orem, D. 0. (1995). Nursing Concepts of Practice (5th ed.). New York: McGraw Hill.

Rubin, R. (1975). Maternal tasks in pregnancy. Maternal-Child Nursing Journal, 1, 143-153.

I wish to acknowledge the help of my son David in editing this paper.

The Bottom Line

by Paula J. Wilshe, BA



My duties as receptionist/registrar in the Emergency Department are many and varied. Obviously, I have to obtain reams of accurate information from new patients. But my most important function is to obtain signatures. These signatures stand between a happy hospital-patient relationship and certain litigation.

The first signature gives us permission to treat the patient. This is ironic, because when a patient presents himself at the window and says he's injured his wrist and would like to see a doctor, it seems to me that he is requesting treatment. I am assured, however, that if he has not signed the permission-to-treat, it would be his word against mine that he had no intention of seeking treatment when two burly nurses accosted him in the parking lot, wrestled him to the ground, then x-rayed and splinted his damaged appendage.

The second signature on the chart gives permission to release medical information regarding the visit to his insurance company, so they will pay for the claim. This only stands to reason. Insurance companies need to know why the patient was visiting the hospital, and exactly what procedures were performed. Otherwise someone might charge a bunch of stuff from the gift shop on the insurance card, and the insurance powers-that-be might get stuck paying for Grand View Hospital water bottles, Hug-A-Nurse-Today sun visors, and "I'm The Big Brother" t-shirts.

The third signature affirms the patient had a tetanus shot in the last five years. Tetanus shots are good for ten years, but we only make them swear to five. More than that, they're on their own.

If I am registering a patient suffering a back injury, or some other non-invasive malady, I will skip the Tetanus Affirmation signature. I also do this if the patient is familiar to us, because the tetanus shot issue would have been handled on his or her first

visit. It's documented on the front of the chart already.

The other day I punched out a revisit chart for a man with a sprained thumb. This injury would not have required a tetanus shot even when it first occurred. I made appropriate Xs on the lines which required his signature and handed him the chart and a pen.

"This one gives us permission to treat you, and this one releases the information to the insurance company," I said pleasantly.

He pointed to the tetanus release. "What about this one?"

"You don't need to sign that one," I said, beginning to make him a bracelet.

"Are you sure I shouldn't sign it?" He seemed hurt.

"It doesn't really matter," I said. "It's just the tetanus release."

Offended, he said huffily, "Well, I signed it last time."

I grabbed the chart away from him and looked at the front. There it was, documented in dot matrix: Tetanus—Less Than Five Years. "You can sign it if you want to," I told him. "It doesn't matter, they're not going to give you a tetanus shot for a sprained thumb anyway."

"But I signed it last time," he repeated petulantly.

"Okay, fine," I said, trying to be accommodating, "go ahead and sign it."

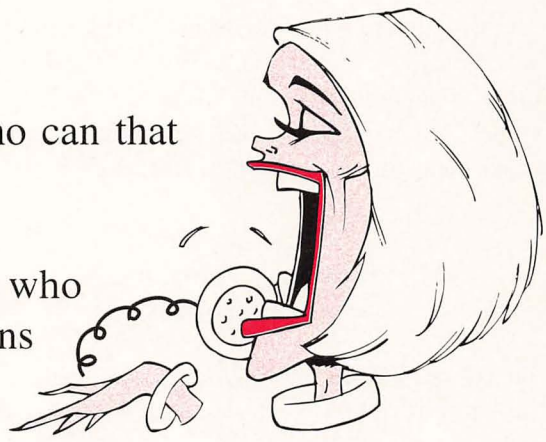
He leaned over the chart and laboriously signed the tetanus release, carefully crossing each "t" and dotting each "i."

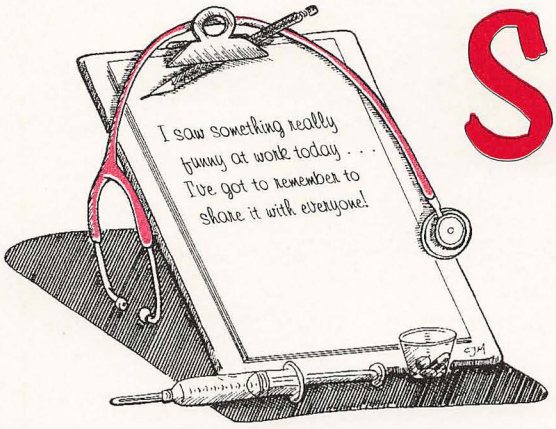
He handed me the pen and pushed the chart at me with a frown, "You know, every time I come in here you give me more things to sign. I've really had it with you people and your paperwork!"

Top Ten Work Avoidance Techniques

by Doris Plumer, RN

10. Pretend to check meds
9. Go to the bathroom
8. Hide in empty room
7. Pretend to chart
6. Look at call box and say, "Now, who can that be?"
5. Personal phone calls
4. Extra long back rubs for patients who watch Celtics, Red Soxs, and/or Bruins
3. Smoke
2. Pretend to be interested in what patient says while you are watching their TV
1. Wait until everyone is sitting at the desk and offer, "Does anyone need any help?"

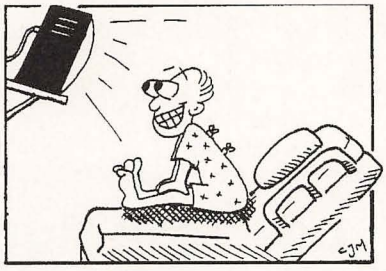




Stories From The Floor

Adults Only
Florence Cluckinggale, RN

I work in a very Catholic hospital. The hospital even has a closed-circuit Catholic TV station with mass and sermons. One busy eveningon our telemetry unit, a patient put on her call light saying she was having trouble finding her Catholic program. Another nurse went to check. Lo and behold, our closed circuit Catholic channel was broadcasting the Playboy Channel everywhere in the hospital. Believe me, I kept a very close eye on those ECG monitors until Engineering fixed the problem.



Psychic Radiologist
Andrea Carpenter, RN

I was unable to remove my jewelry for a chest x-ray because I had IVs in both arms. When the radiologist read the x-ray, he announced to the staff present, "This patient is a nurse!" He floored them. But he didn't have ESP. My caduceus pendant showed up beautifully on the chest film.

Dominos Vobiscum
Jeanine Oneby, RN

Our floor has semi-private rooms with bathrooms in the middle. An elderly priest with poor eyesight was doing his rounds. He entered the room I was in, opened the bathroom and peered at the young man sitting on the toilet moving his bowels. The young man looked totally shocked as the priest blessed him, closed the door and went to the next patient, oblivious that anything unusual had happened.

Where is the Problem?
DeLila R. Chrisp, RN

As I was talking on the phone, the local general surgeon overheard me say that the visiting dermatologist was booked solid. When I hung up, the surgeon commented, "I have patients asking me all the time about skin problems. I just have to tell them I'm not very good at what I do unless I get under their skin!"

What Are You Going To X-Ray?
Amy Reynolds, RNC, MSN

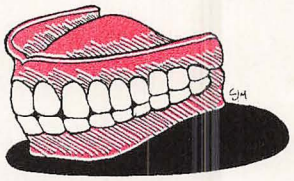
I explained to Mr. W, who was hard-of-hearing, about his CT Scan. He said he understood the instructions. However, when the time came for his CT scan, he asked, "What are they taking a picture of?"

I restated what I said earlier, "Mr. W, you are having a picture taken of your thorax."

Mr. W had a baffled look and asked, "Who said I have a sore ass?"

The Missing Teeth
Georgene Erdy, LPN

As I was doing my rounds at three in the morning, I found an elderly male patient wandering around. He told me he got out of bed to brush his teeth but he couldn't find them.



As I started to answer, he said, "Well, they look like this," and he reached into his mouth and showed his uppers to me.

I asked, "Do you have your bottom dentures in your mouth, also?"

He felt around and said, "Yes I do."

"Well then, you have your dentures in your mouth."

As he was standing there clicking his teeth together, all he said was, "So I do. So I do."

Never Mind.
Dianne F. Peterson, RN, CEN

I had a patient with asthma come into the ER at three in the morning with wheezing and SOB. After my assessment, I dialed the ER doctor's sleeping quarters. I could tell he was in a deep sleep by his groggy, "Hello."

I hastily gave him my nurses' report and waited, anticipating an albuterol treatment order. I was surprised when I hearda weak, skakey voice ask, "Do you suppose she'll want my bed? I'm pretty sick you know."

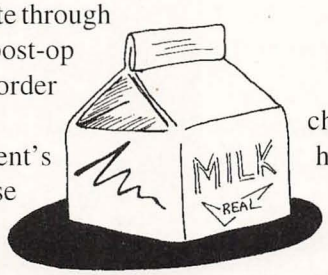
I had accidently dialed a patient's room.

Nursing Under The Sheets
Judy Voss, RN

My patient was in for a routine right hemicolectomy. However, as the case progressed, his urinary output had diminished to nothing. At the surgeon's request, I crawled under the sterile sheets and found the Foley catheter resting deflated between the patient's legs. The next request was to insert a Foley without contaminating the sheets. With flashlight and kit in hand, my mission under the sheets began. To add to the inanity of the situation, at the precise moment of catheter insertion, I belted out in my Bette Midler voice, "Getting to know you, getting to know all about you!"

Dairy Nursing
Karen Puryear, RN, CRNA

I supervise the student nurses who rotate through our floor. One student was assigned to a post-op thoracotomy patient. The physician's order read: "Milk chest tubes TID."



On rounds, I glanced into that patient's room. I was horrified to see the student nurse standing by the patient's bed with an up-ended chest tube in one hand and an open carton of milk in the other.

Really Gross
Diana Duck, RN

I explained to my patient the process for giving a urine sample and left him a specimen cup. When I returned, however, there was no specimen. Since he had fallen asleep, I let him rest until his bedtime meds. After giving the medication with the cup of water from the bedside table, I reminded him about the urine specimen.

"Oh," he replied, "I put it in the cup already."

And there on his bedside table was the half-filled cup—not in the specimen container, but in his drinking cup.

OOO! Gross!
Ginger Husman, RN, BSN

One of our home health nurses was preparing to do a rectal exam when she discovered she'd used all her gloves. When she mentioned this, the client's wife said, in all seriousness, "Well, that's probably okay, your hands aren't that dirty."

Just Don't Step On The Shoes
Roxanne Amerson, RN

Right after I graduated, a very arrogant orthopedist, preparing to apply a cast, handed me a bucket to fill with warm water. I quickly ran the water and returned to the cast cart. The doctor impatiently said, "Here, put the water here." But I had never done this before. I didn't know you were supposed to set the bucket in the hole. Instead, I poured all the water into the hole and on the orthopedist's new suede shoes.

Some Things Never Die
Renee Pope, RN

I had a patient who was a 106 year old character. One day I asked her, "Ms. Jones, how old are you when you quit enjoying sex?"

She replied, "I don't know honey. You'll need to ask somebody older than me!"

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Missed Communication

by Jonathan Nemeth, RN, BA, CRRN

Mike was only twenty-nine years old, but this was not his first motor vehicle accident. This time, his car left the interstate and sheared the tops off several trees before coming to rest at the crest of a large ravine.

Mike was admitted to our rehab hospital with the diagnosis of C6 cervical fracture requiring halo insertion, fractured left humerus and a closed head injury. Due to the severity of the cervical fracture and subsequent swallowing problems, Mike was extremely dysarthric and difficult to understand. His inability to swallow led to a PEG tube insertion and continuous feeding.

Over time, Mike began to trust me and others involved in his care. He slowly let us into his life.

His dysarthria improved somewhat, and even though he wore a partial plate, he continued to have difficulty pronouncing simple words. This usually left him agitated or frustrated. When we asked him to write down what he was trying to say, he would scribble, "I'm pist off!"

He continued to have swallowing difficulties and his barium swallow studies were unremarkable. He once tried to bribe an ambulance driver to buy him a beer and pour it down his PEG tube if he "failed" his modified barium swallow for the fifth time.

After the removal of the halo, Mike's mental status improved greatly and he began to interact more with the patients and the staff. However, his speech lagged behind. His word-finding improved, but he continued to have trouble with enunciation.

We didn't know that upon discharge from the acute care facility, Mike was given the wrong partial denture plate. Mike's partial was missing, so the nurse gave him one that had been left by a former patient.

One day, as I came into work, I heard STAT pages to Mike's room. Mike was whisked out of speech therapy, brought to his room, and the Chaplain and Neuropsychologist were paged. I asked the speech therapist what happened.

"Oh, Mike's threatened suicide. He said he'd shoot himself if he wasn't released from the hospital!"

As I walked into his room, I passed the Chaplain and Neuropsychologist coming out. Both were red-faced.

The Neuropsychologist said, "He doesn't need a psychologist, he needs a nurse."

Bewildered, I asked Mike, "What's up, Bud?"

He stated, "Joe, tan you tate me to the baffwoom?"

"Sure," I said, still confused about the commotion.

"What happened today, Mike?" I asked matter of factly.

"Wad ju mean?" he said.

"You know, what you said to the speech therapist."

He replied, "They put too much Milk in Magnesium down my tude today."

"Do what?' I said.

Then Mike, with his ill-fitting dentures and country boy simplicity, said "What I ted wust, if you don' did me outta heah, I gonna thitt mythelf!"

Ode to Health Care
(Sung to the theme song from the Beverly Hillbillies)
by Kurt Heckmann, RN

Come and listen to my story 'bout a man named Fred.
Poor homeless man, barely kept himself fed.
Then one day he was lookin' for some food,
He was knocked to the ground by another homeless dude.

(K.0.ed that is, syncope, out cold)

Well the first thing you know old Fred's a layin' there.
The police said, "move Fred away from here."
Said, "County's E.R. is the place he ought to be."
So they loaded up the rig and they came in code three.

(Ambulance that is, lights and sirens, c-spine)

Now it's time to say good-bye to Fred and all his care.
We would like to thank you folks for payin' all his share.
Now Fred's invited back next time to this locality,
To have another helpin' of our hospital for free.

(You'll come back now, hear?!)

Sixteen Years
(To the tune of "Sixteen Tons")
by Jane Schweppe, RN

Chorus:
You do hourly vitals
And what do you get?
Another day older and deeper in debt.
St. Peter don't you call me 'cause I can't go.
I gotta do my shift total I&O.

Welll...I got out of school with a BSN.
Slaved four years to just that end.
A BSN,
Not an AD.
A registered professional nurse I'd be.
(Chorus)

Welll...I got my first job on a med-surg floor
Sixteen-patient load, what a chore.
A thorough bore,
And then I knew!
I'd be a nurse up in ICU!
(Chorus)

Welll...I get upstairs and what do I see?
Cuttin' edge of medical technology.
Lines and drips, computer displays.
Keep a poor soul goin' for one more day.
(Chorus)

Welll...Doctors see me comin', and they shake with fear.
Orders that are written had better be clear.
Drug - route - and time had better be right,
Or you get a call from me in the middle of the night!
(Chorus)

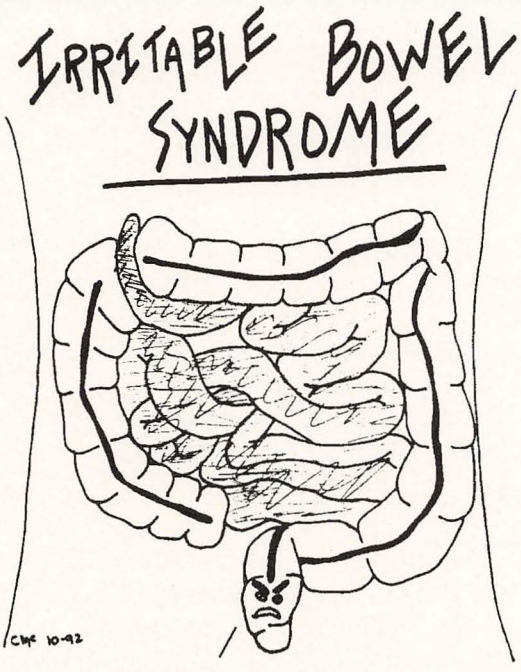
Call Lites!

The JNJ Joke Collection

Q: How many doctors does it take to change a light bulb?
A: One, but you need to get all the lab results first.
Submitted by Paul J. Murter, RN

Q: How many chiropractors does it take to screw in a light bulb?
A: One, but it takes twelve appointments.
Submitted by Bruce Perkins

Q: How many gynecologists does it take to change a light bulb?
A: They don't bother. They say, "Why don't you let me take out the socket? You're not using it and it will only cause you trouble in the future."
Submitted by Barbara Buchanan



You'd be mad too if you had to put up with all this S--- ! All that bran, roughage, not to mention coffee, doughnuts . . . why I'm constantly moving. Not a moment of rest! What I wouldn't give for a nice Jell-O diet!

A patient well-known to the ER staff for his ethanol condition was recovered, rewarmed and discharged. The next day he presented again with a large bruise. He complained to the nurse manager, "It's all your fault! When you didn't treat me for my heart attack, I had to walk over to General Hospital in my weakened condition."
Submitted by Neil Coogan, MS, RN

A distinguished visitor to an insane asylum had some trouble getting a phone connection. Exasperated, he shouted at the operator.
"Look here, girl. Do you know who I am?"
"No. But I know where you are."
Submitted by Sheri D. Williams

Q: If an EKG is an electrocardiogram, an EEG is an electroencephalogram, and an EMG is an electromyograph, what is an EGG?
A: The offspring of a bird, reptile or platypus.
Submitted by Lennart H. Peterson, RN

One day in Managed Care:
"We have a patient who needs an authorization for an emergency hemorrhoidectomy."
"We'll have to get it on the back end."
"You mean in the hindsight."
"Getting one beforehand is a pain in the a - - "
"Butt . . ."
"Don't get your bowels in an uproar."
"Can't you get it to slide through?"
"You mean you want to cover your backside."
"We just need to get comfortable with it."
"In case the poop hits the fan?"
"We really need to go on this one."
"OK, whatever it takes to get it regular."
Submitted by S. Conti, RN; C. Popovich, RN; J. Valenta, RN

A woman wanted to make a career out of nursing, but had to give it up. She ran out of milk.
Submitted by Shirley Carlton

Q: Why are men easier to position than women?
A: Because men have a kickstand.
Submitted by Pam Stetina, RN, BSN, MN

An admitting nurse was interviewing a new patient in an OB/GYN unit.

"I see the doctor has you scheduled for hysterectomy."

"If it's hys, I wish he'd have it."
Submitted by Ben Doran

A nurse's idea of happiness is a full stomach or an empty bladder. Heaven is both at the same time.
Submitted by Ellen Shoun, RN

Submitted by March Warn, RN, CNOR

A new patient at the clinic just finished filling out his health history form. The nurse noticed that under "sex" he checked both "M" and "F" and added, "And if I'm feeling strong enough, sometimes on Wed., too."

Q: What comes with an AM-FM pacemaker?
A: A song in your heart.
Submitted by Max Baverman

Q: How is a condom like a camera?
A: They both capture the moment.
Submitted by Beth Savage, RN

Two cardiac patients shared a room in the CCU. One night one of them arrested and resuscitation attempts failed. The room was cleaned and another patient was admitted in his place. After the nurse left, the new patient noticed his monitor and asked the roommate what it was.

"I'm not sure what it's called, but if you break it, they beat you to death."
Submitted by Andrea Wortman, RN

Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

You Might Be an ED Regular If . . .

by Lynda M. Smith, RN, BSN, CEN
with William Lee, RN and Phyllis Denmark, RN

. . . you memorized your medical record number

. . . every time you get drunk and pass out, your friends call an ambulance

. . . your lumbar spine glows from frequent x-rays

. . . you have been lavaged for OD more than twice this year

. . . all of your out-patient Medicaid visits are exhausted before January 31st

. . . you know more about drugs than the doctors do

. . . you give advice to other patients

. . . you answer all the triage questions before the nurse asks them

. . . you get upset because someone is in your bed

. . . you call first to see how busy the ED is and the person who answers the phone recognizes your voice

. . . the computer lists last month's visits as "TNTC"

. . . you coach the nursing student through starting your IV

. . . the ED clerk has your admission papers printed before you get to her desk

. . . you can tell what doctor is working by checking the parking lot

. . . it's Tuesday and everyone wonders where you are

. . . you list one of the Emergency Department doctors as your primary care physician

. . . you are allergic to all NSAIDs, including those not on the market yet

. . . you know the names of the nurses' spouses and children

. . . you can tell the exact ratio of Demerol to Phenergan by the degree of burning you get from the injection

. . . the ambulance dispatch uses your house as a reference point ("Go right at JB's house, then two blocks on the left.")

. . . you know the hospital administrator's home phone number from your last complaint

. . . you called an ambulance because you didn't have cab fare

. . . your pharmacist knows what day of the week it is by your narcotic prescription

. . . when the ambulance arrives, you have your own c-collar and backboard in place

. . . medical records has to start a new wing just for your chart

. . . you list the ED phone number as an alternate number on job applications

. . . you know the names and families of all the other regulars

. . . you get gifts from the drug reps

Revised Admission Form #37

New patients, please complete all sections completely so we can screw up your diagnosis and treatment more effectively.

1. Your name and any aliases _____

2. Name of insurance company or rich relative who will foot the bill _____

3. Name of the bank that holds the loan on your house or Lexus _____

4. Name of anyone in your family who is involved in a medical malpractice suit, or who is a lawyer, legal secretary or law student _____

5. Check any of the following you have had:

___ cancer
___ diabetes
___ heart disease
___ hypertension
___ narcissism
___ unexplained rash
___ frequent urination (more than once a week)
___ a close encounter with aliens
___ a doctor who actually cared
___ hyperactivity following coffee consumption
___ nymphomania
___ unpaid medical bills

6. Check all you are allergic to:

___ penicillin products
___ perfume
___ Chinese food
___ sulfa drugs
___ guys who cheat on their wives
___ any jewelry that isn't solid gold

7. Do you:

___ smoke
___ drink alcohol
___ eat fast food and thick steaks every day
___ look good in a thong leotard

8. Check all drugs you are currently taking:

___ aspirin
___ blood pressure medication
___ laughing gas
___ birth control pills
___ Jack Daniels
___ Prozac

9. Why did you come to the hospital?

___ It hurts when I do this
___ I'm having trouble in bed
___ The Postmaster General isn't living up to my expectations
___ Those voices are back

10. How did you hear about your doctor?

___ From a friend
___ From the phone book
___ From 60 Minutes
___ From graffiti in a phone booth

11. Sign here _____

(Your signature indicates that you will not hold us responsible for anything, including surgical outcomes, death or telling you you're pregnant.)

Leigh Anne Jasheway, MPH is the author of the new book Don't Get Mad — Get Funny

As we live our lives in the fast lane, nurses experience an entire roller coaster of emotional ups and downs within a mere eight or twelve hour shift. One reader sent in some of her typical reactions.

These can come easily to anyone facing our daily stressors. Why not write your own, and collect them? Perhaps your unit or work group could offer an employee perk for the best "quip" of the week.

"I haven't been so concerned since . . . the hospital gift shop sold out of chocolate."

"I haven't been so embarrassed since . . . the employee health doctor shouted my post-needlestick negative HIV results across the cafeteria."

"I haven't felt so cheated since . . . I traced $80,000 worth of lost charges and received a congratulatory mug."

"I haven't been so mad since . . . Dr. Small offered me a free liposuction."

"I haven't been so angry since . . . Dr. Chutzpah offered me a free breast exam."

"I haven't been so annoyed since . . . they started charging for CPR."

Ms. Jane Alexandra-Krehbiel
Chesterfield, Va.

Your hospital forgot you for National Nurses Day? One reader suggests creating your own Academy Awards for nursing. Here are her suggestions and awards for several categories.

Academy Awards for Nurses

In the spirit of fun and playfulness, we have decided to offer Academy Awards for nursing performance in several areas. We are asking you to nominate the nurse whom you feel best exemplifies the qualities and behaviors of each category. You may only nominate a nurse you work with. Nominees may work on any shift.

Nurse Most Like Florence Nightingale:
Award: Lady with the Lamp, present a modern day flashlight.
Nurse You'd Most Like to Follow:
Award: Rear view mirror (the kind bicyclists uses) attached to a headband
Nurse With Most Pocket Equipment:
Award: Looooooong Shoulder Bag
Nurse Most Likely to Succeed
Award: One semester free tuition to grad school in nursing administration
Nurse Who is Best Partyer
Award: Emesis basin hung around neck with molded coat hanger.
Nurse Who is the Most Fun to Work With
Award: Funny items such as Groucho glasses, joke book or weird hats.

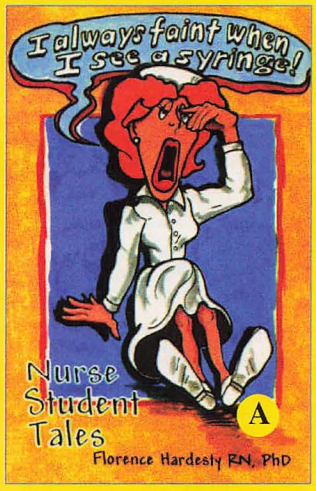
Patty Wooten, RN, BSN

You know injecting humor in times of stress can help inoculate us from the dreaded burnout. And with current changes in the health care system, stress at work is rampant. The last time you tried to get your coworkers to laugh, what did you do? The last time a coworker got you to laugh, how did she or he do it? This column gives us a chance to share ways we intentionally lighten the tensions at work. Liven Up! Fun for Folks at Work is a regular feature in the JNJ. Send your story (50 to 200 words) to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

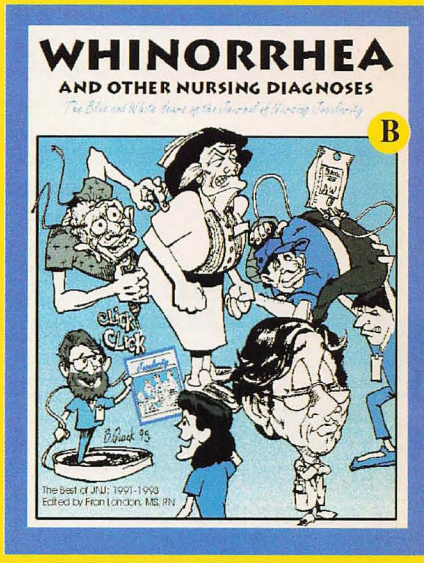
THE JOCULARITY CATALOG

THE HUMOR RESOURCE FOR HEALTH PROFESSIONALS

Fall 1996 Catalog



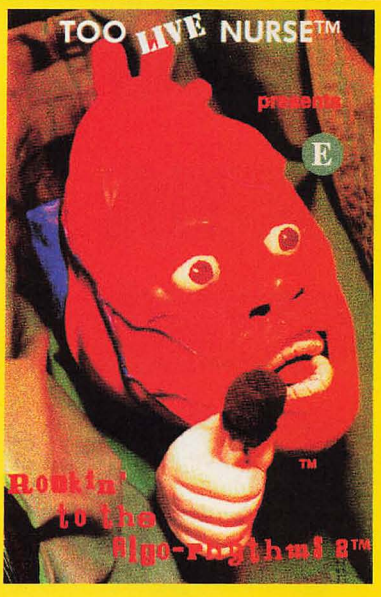
A. I Always Faint When I See a Syringe, by Florence Hardesty, RN, PhD. This delightful book is written honestly and straight from the heart by a retired nursing professor. Through the eyes of a teacher and the experiences of her students, Dr. Hardesty tells humorous and inspiring stories. Laugh with her and enjoy the joy and spirit of nursing. **BK020SYR** I Always Faint **$14.95.**



B. Whinorrhea and other Nursing Diagnoses. This brand new book is the best of the Journal of Nursing Jocularity's first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. **BK018BOB** Whinorrhea and other Nursing Diagnoses. **$18.95. If you buy two or more copies, it's only $15.95.**

C. ANY KEY and PANIC computer keys. Personalize your computer keyboard with these fun, self-sticking keys. **Free with orders of $50 or more! MS001KEY** Panic/Any Key **$3.00**

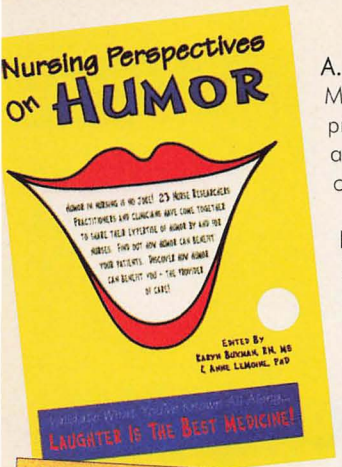
D. Ineffective Individual Coping. A ~~slightly~~ very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. Too Live Nurse was a smash hit at the 1995 & 1996 JNJ Humor Skills conference. **TA007COP** Ineffective Individual Coping **$10.00**



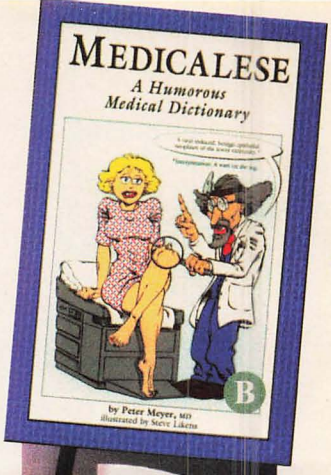
E. Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. **TA001RAR** Rockin' To Algo-Rhythms 2 **$15.00E.**

F. 44" Inflatable "Air Guitar". A must for any humor basket or humor cart. **MS006GUI** Air Guitar **$1.25**

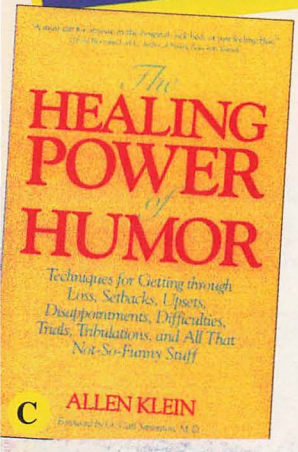
Special Offer! Order Both Too Live Nurse tapes, Ineffective Individual Coping and Rockin' To The Algo-Rhythms 2, and get an "Air Guitar" FREE!



A. **Nursing Perspectives On Humor.** Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover. **BK015NPH** Nursing Perspective **$24.95**

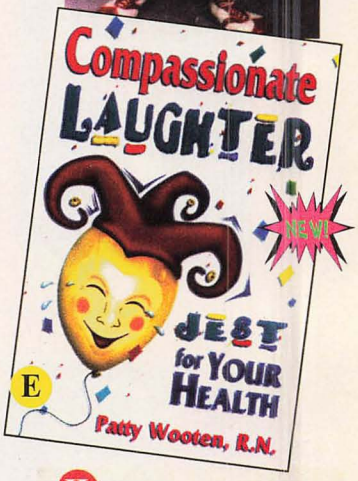


B. **Medicalese: A Humorous Medical Dictionary** by Peter Meyer, MD, quotes Hippocrates (the father of medicine), " The doctor and nurse must have a ready wit, as dourness is repulsive to both the healthy and the sick." Medicalese delivers the wit, with cartoon-illustrated definitions poking fun at everything in medicine, from doctors to administrators, from supervisors to patients. Soft cover. **BK019MED** Medicalese **$9.95**



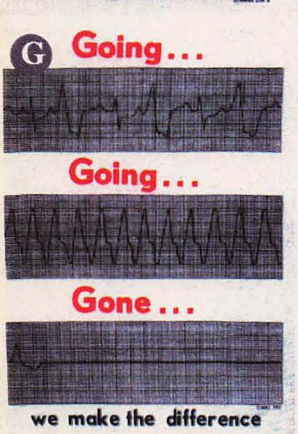
C. **Healing Power of Humor** by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. *"Provides practical advice as to the fundamental importance of humor and laughter."* Steve Allen, comedian. **BK006HPH** Healing Power of Humor **$9.95**

D. **The Perils of Nancy Nurse** Video. Bedecked with a bedpan, irrigation equipment and other gear for nursing combat, Nancy Nurse (a.k.a. Patty Wooten, BSN) delights audiences with her comic antics and hilarious stories. Filmed live at the JNJ conference at the Disneyland Hotel. Run Time: 45 minutes. **TA008NAN** Nancy Nurse **$29.95**



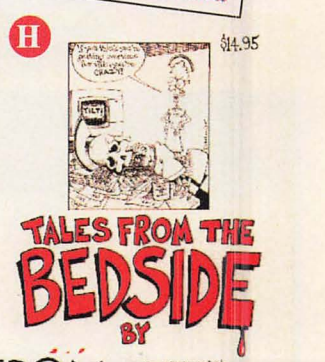
E. **Compassionate Laughter: Jest for Your Health** by Patty Wooten, RN. **Hot off the press.** This delightful book explores the relationship between the emotions and the body, presenting evidence that laughter does indeed help keep us healthy and facilitates recovery from illness! It is peppered with hilarious anecdotes and conversations with Patty's clown characters, Nancy Nurse and Nurse Kindheart. **BK018COM** Compassionate Laughter **$12.95**

F. **"Sometimes All You Need Is A Good Paddling To Get You Back In Line"** T-Shirt from Trauma Gear, "Unique Sports Wear for Unique Professionals". This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS002ASH** Paddling T-shirt **$16.00**



G. **"Going . . . Going . . . Gone"** T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS004ASH** Paddling T-shirt **$16.00**

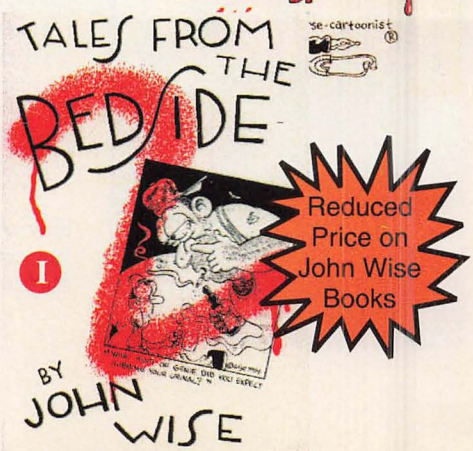
TRAUMA GEAR



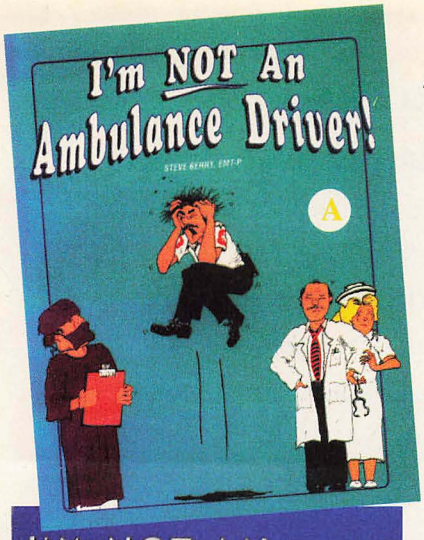
H. **Tales From The Bedside.** The first book from artist John Wise, RN. Over 100 page of hilarious cartoons about nursing and healthcare. Frequent contributor to the Journal of Nursing Jocularity. Beware, John's cartoons aren't for the squeamish. **BK002TFB** Tales From Bedside 1 **$12.95**

I. **Tales From The Bedside 2: "Over The Counter"** by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! John is a contributing artist to the Journal of Nursing Jocularity. **BK001TFB** Tales From Bedside 2 **$10.95**

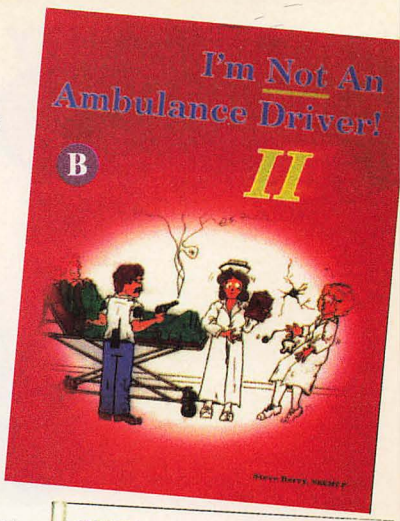
Purchase both of John's books for a special price. **BK003TFB** Tales From Bedside 1 & 2 **$19.95**



J. **EKG Mug** features the most unusual looking rhythm strips that will be sure to make you chuckle. Includes "Sinus Arrest", "Ventricular Standstill" and "Urban Block". This ceramic mug comes boxed for easy gift giving. **MG001HBM** Heartbeat Mug **$7.50**

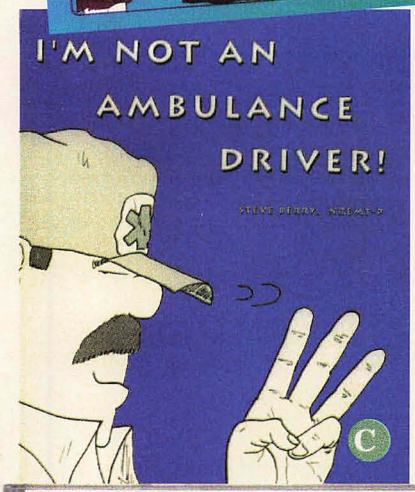


A. I'm Not An Ambulance Driver! by Steve Berry, EMT-P. A jam packed, funny cartoon book that takes a satirical look at life as an EMS provider. Steve has practiced the art of paramedicine since 1984 and in his words is "an advocate of humor and have come to find satire as my link to survival in a career so often marred with anguish and discouragement." Sound familiar?! **BK017NAD** Not An Ambulance Driver **$14.95**

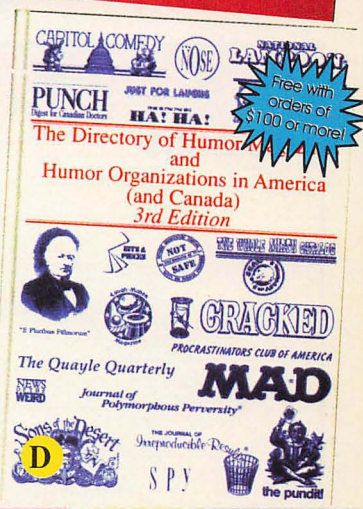


B. I'm Not An Ambulance Driver II by Steve Berry, EMT-P. Second book in the series by this very funny paramedic. **BK017NA2** Not An Ambulance Driver II **$14.95**

C. I'm Not An Ambulance Driver III by Steve Berry, EMT-P. The latest in the series by Steve. Even more irreverent humor focused on the emergency medical system. **BK017NA3** Not An Ambulance Driver III **$14.95**



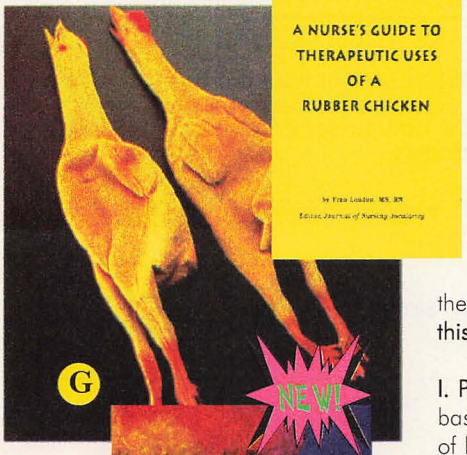
Special Offer! Buy all three of Steve Berry's I'm Not an Ambulance Driver books and get a discount! BK017SET Not an Ambulance Driver Set **Only** $39.95



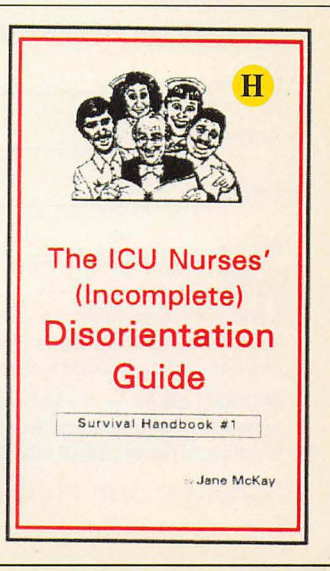
D. The Directory of Humor Magazines and Humor Organizations in America (and Canada) *3rd Edition* edited by Glenn Ellenbogen, PhD. This is the first and only book to help you find humorous magazines, newsletters, newspapers; periodicals about humor; and humor organizations. It provides extensive listings and sample articles for each publication, plus cross indexing of periodicals. A writers market for humor. A great resource at a special price! List Price: $34.95. Hard Cover. **Special Offer! Order $100 worth of items and receive this book free! BK016DHM** Humor Directory **Only $14.95**

E. Health & Humor through Harmony by the "NurSING Notes", an all RN Barbershop Quartet. This comedy quartet puts the "SING" in NurSING with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". The Nursing Notes were a smash hit at the 1993, 1995 and 1996 JNJ Humor Skills conference. **TA003HHH** Health & Humor Through Harmony **$10.00**

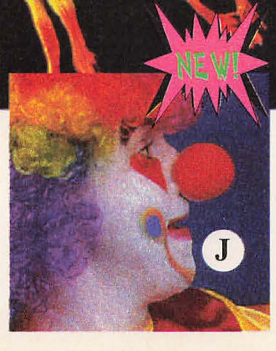
F. Nurse Cat T-Shirt. This whimsical cartoon, created by Jim Allen, RT, whose work has frequented the pages of the Journal of Nursing Jocularity, is featured on a white, 50/50 blend t-shirt. Available in L, XL, XXL. **TS010CAT** Nurse Cat **$15.00**



G. 23" Rubber Chicken Mandatory for any humor basket. Each rubber chicken includes the new 16 page booklet "A Nurse's Guide to Therapeutic Uses of a Rubber Chicken" by Fran London, MS, RN. **MS004RUB** Rubber Chicken & Booklet **$6.95**

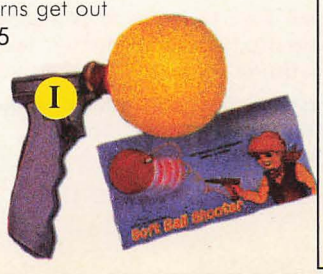


H. The ICU Nurses (Incomplete) Disorientation Guide, by Jane McKay. A handbook of humor from the trenches; includes specialized policies with criteria for shooting physicians, guidelines for training interns and instructions for visitors. Not for the general public or bedsides of the infirm! **Free Softball Shooter (see description below) when you buy this book. BK005ICU** ICU Nurse Guide **$7.00**



I. Plastic Softball Shooter. Another fun toy to add to your humor basket. Great for when the doctors and interns get out of hand. **MS005SHO** Softball shooter **$1.25**

J. 2" Sponge Clown Nose. One of the most versatile items in your humor basket. **Get One Free With Every Order. MS006NOS** Clown Nose. **One Dozen for $6.00**



THE JOCULARITY CATALOG

ORDER FORM

Our Mission

To provide health professionals with products that can be used to incorporate humor into their lives and their workplace, and to support health professional entrepreneurs in the development and marketing of humor related products.

ITEM NO	SIZE	HOW MANY	COLOR	DESCRIPTION	SHIP TO GIFT ADDRESS ✓	PRICE/EACH	TOTAL PRICE
MS006NOS		1		**Clown Nose Free with every order**			**Free**

Method of Payment. Check or money order made payable to JOCULARITY CATALOG. Sorry, no C.O.D.'s. All orders must be prepaid.

Delivery. We ship all orders promptly or notify you of any delay. Sorry, we are unable to ship outside the United States.

Second Day Air Shipment. To have your order shipped UPS Second Day Air, please add $6.00 to regular shipping costs.

For Shipping and Handling Please Add

Orders up to $15.99	$3.50
$16.00 to $29.99	$4.50
$30.00 to $49.99	$6.00
$50.00 to $74.99	$7.50
$75.00 to $99.99	$9.00
$100.00 to $149.99	$10.50
Over $150	$12.00

Alaska and Hawaii please add $3.00.

SUB TOTAL:	
AZ Residents ADD 6.75% SALES TAX:	
SHIPPING/HANDLING:	
ADDITIONAL S&H, AK, & HI:	
EXPRESS SHIPPING:	
ADDITIONAL ADDRESS ADD $4.00	
GRAND TOTAL (US FUNDS ONLY) :	

SHIPPING ADDRESS

We ship UPS. Please use a street address.

Sorry, we are unable to take phone orders at this time.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

JNJ63

RETURN POLICY

If you are not satisfied with an item, we' ll be happy to exchange it or refund the purchase price. Please ship to us via US Mail with the package invoice and the reason for return (so we' ll know how to serve you better).

PRODUCT IDEAS -- If you have a humorous health related product or product idea that you would like included in the Jocularity Catalog, write or call at 602-835-6165.

Sorry, we can not accept purchase orders.

GIFT ORDERS! If you would like part of your order shipped to a second address as a gift, fill in this address box and check the "SHIP TO GIFT ADDRESS" column for those items. Add $4.00 S & H for an additional address.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

THE JOCULARITY CATALOG
P.O. Box 40129
Mesa, AZ 85274
602-835-6165

You Know Your Patient Needs a Psychiatric Consult When . . .

By Andrea H. Sangrik, RN, BSNA

- She gives proper names to each of her surgical staples, and baptizes them with Betadine.
- He writes "Help Me" in soap on the window facing the street.
- She starts finger-painting with her Ensure supplements.
- He tells you that fifty-four people are sharing his private room with him, and he can't understand why you don't see any of them in the hospital bed.
- She flushes her nightgown down the toilet and walks naked through the halls.
- He telephones a limousine service to come to drive him around the block for some fresh air.
- She scares her roommate so much, that the poor lady spends her whole day in the hall ambulating after her double below-the-knee amputations.
- He practices origami with his bed sheets.
- She reports that Fabio visits her room every night.
- He talks to his wallpaper, and tells you that it answers him back.
- She plans sex toy parties in her room.
- He carries on long discussions with his television set, even when it's not turned on.
- She redoes the patient bathroom with pink fluorescent paint and a black strobe light.
- He pulls the fire alarm three times a day so the firemen will come to rescue him.
- The 911 personnel telephone you at the nurses' station. They want you to keep her from calling them again.

Outbreak of Neisseria Gonorrhoeae Related to Aural Sex

Steven J. Schweon, BSN, RNC

Introduction

A recent outbreak of aural *Neisseria gonorrhoeae* as a result of phone utilization sent shivers of communicable fear throughout the telephone industry.

Surveillance

During a two month period, 25 men presented to their local medical doctors with a chief complaint of hearing difficulty, predominantly affecting the left ear. Twenty (80%) of the men were able to "milk" their auditory canal to produce a creamy yellow-white exudate. Upon culture and sensitivity, the discharge grew *N. gonorrhoeae* which was susceptible to penicillin (PCN).

As required by state law, the health department investigated this epidemic. The patients were very embarrassed and reluctant to participate in the health department's study. Attempting to be sensitive, the health department used a persistent, empathetic investigational approach. Each of the men initially expressed a fear of death upon receiving the diagnosis of gonorrhea. Officers from the health department assured the men this infection was both treatable and curable. However, the men reported their wives would kill them if they caught a sexually transmittable disease. With painstaking effort, health officials put together the origin of the outbreak.

Epidemiology

All of the subjects used 1-900 telephone sex lines for intimate enjoyment and pleasure. The infectious "love bug" was contacted by social intercourse via the phone wires. Working with a legal mandate to protect the public safety, health department officials then contacted the phone company for additional information, but there was no answer. Finally, the health department consulted with the Centers for Disease Control (CDC) for management guidelines.

A Call To Action

CDC recommends that phone sex participants use the safe sex technique of "putting a dome on the phone" to prevent the spread of infection. This should be helpful in deterring phone "hang-ups."

Medical Abbreviations

by Jean Walsh, HHA

Every profession has its jargon, and health care is no exception. In our press for time, abbreviations get the message across quicker. Maybe. Abbreviations can be communication short-cuts or short circuits. Test yourself. What does each abbreviation mean?

1. ABD
a. abdomen
b. a big deal
c. always be daring

2. ac
a. air conditioning
b. before meals
c. a cat

3. **ADL**
a. all day long
b. activities of daily living
c. a double loser

4. amt
a. a million times
b. amount
c. a mountain

5. BM
a. big mess
b. bossy mother
c. bowel movement

6. BRP
a. burp!
b. big red pillow
c. bathroom privileges

7. cath
a. someone named Cathy
b. a catheter
c. a thing you put on a broken leg

8. CBR
a. complete bedrest
b. a form of CPR
c. constantly bothering the RN

9. CCU
a. see see you
b. critical care unit
c. company command unit

10. DON
a. some guy's name
b. Director of Nursing
c. Dizzy or Not

11. ER
a. Enough Rubbish
b. Emergency Room
c. an expression when you can't remember something, like, "ER, what was that nurse's name?"

12. F
a. Fabulous
b. Fahrenheit
c. a bad grade

13. FF
a. Find Fred!
b. Force Fluids
c. French Fry

14. gal
a. some girl
b. grins a lot
c. gallon

15. GI
a. gastrointestinal
b. a soldier
c. great intravenous

16. ICU
a. I see you!
b. incredibly cute undies
c. Intensive Care Unit

17. I&O
a. inside and outside
b. a railroad
c. intake and output

18. Lab
a. a type of dog
b. let's all breathe
c. laboratory

19. LMP
a. leave me, please!
b. loose maniac patient
c. last menstrual period

20. NA
a. no argument
b. not applicable
c. nurse assistant

21. NPO
a. not permitted outdoors
b. nurse possibly outside
c. nothing by mouth

22. OOB
a. off on binge
b. out of bed
c. out of beer

23. OR
a. goes with either
b. operating room
c. oh rats!

24. PT
a. party time
b. pretty tired
c. physical therapy

25. qh
a. quite harmless
b. every hour
c. quitting hour

26. RR
a. recovery room
b. railroad crossing
c. real reliable

27. VS
a. very silly
b. vacation school
c. vital signs

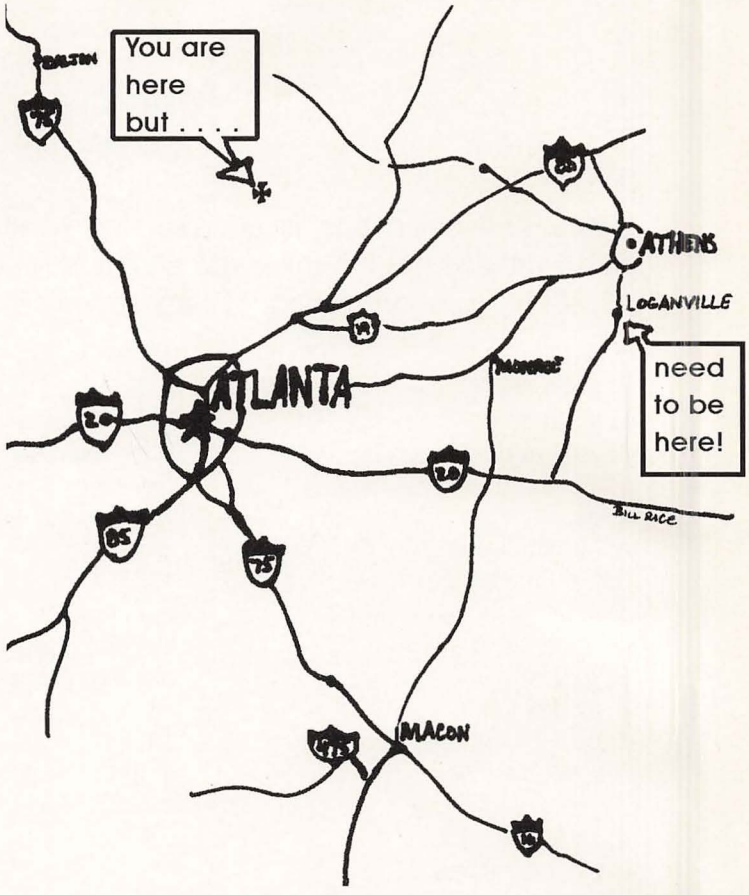
28. WBC
a. Wiley Bill Coyote
b. white blood cell
c. Wild Bill Clinton

Ask your colleagues for the correct answers.

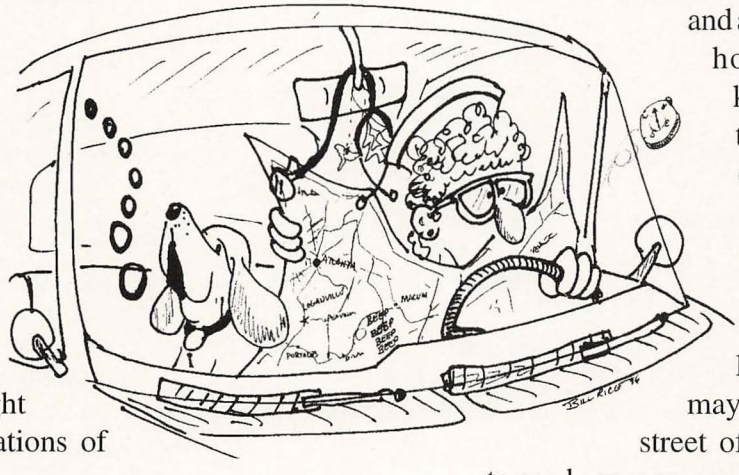
Lost in Loganville:

Lamentations of a Home Health Nurse

by Susan Fletcher, BSN, RN



You've probably heard the saying, "I never get lost because someone always tells me where to go." People have told me where to go quite often in my lifetime, but I still get lost. At the moment I am hopelessly, helplessly, forever lost in Loganville.



No one knows the feeling of being lost better than a home health nurse. For those of you who think home health nurses are just a bunch of weenies who couldn't hack it in hospital nursing, I hope the following account will provide insight into the trials and tribulations of home health nursing.

And just where is Loganville? For those who have never had the pleasure of a trip to Loganville, it's a town east of Atlanta. Judging by the mileage placed on my car today, I'd say the area of Loganville is about 2000 square miles. Loganville is to home health nurses what the Bermuda Triangle is to watercraft.

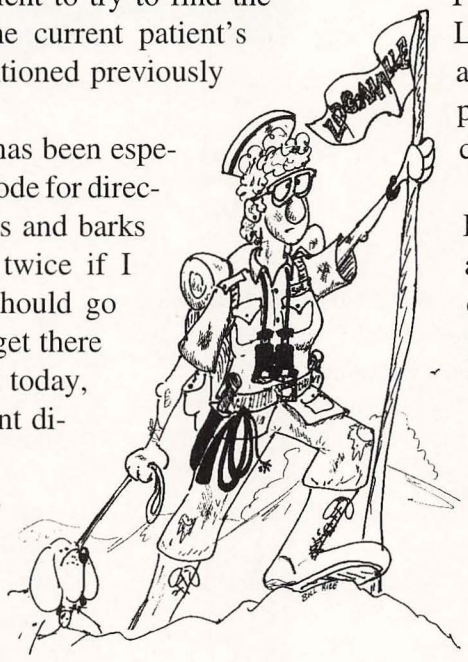
The journey began about eight this morning, when I left the office equipped with essential items such as a compass, a road atlas and a bloodhound. A good home health nurse knows that the directions obtained in the office are sometimes written in code. For example, if it says to turn right, you may really need to turn left. Or, perhaps, they may conveniently leave a street off the directions, just to see how your survival skills are on that particular day.

Some home health agencies provide their nurses with maps on which they have plotted the day's journey. Other agencies provide written directions to each patient's home, with each set of directions

originating from the home health office. My agency uses the second system. This system works great as long as you're leaving the office for each visit.

However, after a couple of weeks of returning to the office between each visit, many nurses find it more cost effective and efficient to try to find the next patient's home from the current patient's home. Hence, the tools mentioned previously are most helpful.

Foley, my bloodhound, has been especially helpful in cracking the code for directions. He sniffs the directions and barks once if I should turn right, twice if I should turn left, thrice if I should go straight, and howls if I can't get there from here. Foley had a cold today, thus contributing to my current dilemma.



Then my compass broke. After a few trips around Loganville, the needle fell off.

I was left with the road atlas. Then I discovered the Home Health Nurse's Law of Maps. It states that the road you need to find is never on the map you have.

After a few hours of woods and cow pastures, I began seeing mirages of pay telephones. I was desperate for someone to tell me where to go! Some nurses have those high tech car phones, but not me. I enjoy the challenge of finding a functioning pay phone.

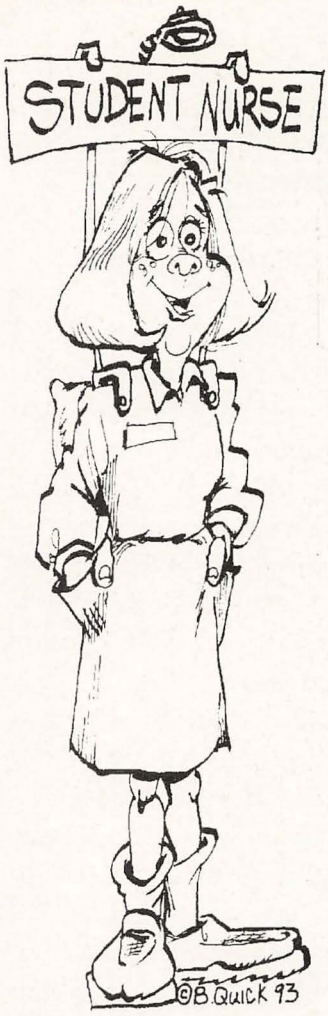
During the search for a functioning pay phone, I discovered the Home Health Nurse's Law of Beepers. It states that the office only pages you when you are 600 miles from a telephone. Of course, that adds to the fun and excitement. It would be too easy if they only paged you when you're near a telephone.

When I finally found a functioning pay phone, I discovered the Home Health Nurse's Law of Pocket Change. It states that if and when you find a functioning pay phone, the pocket change you have will consist of one dime and 96 pennies.

Of course, I also experienced the Home Health Nurse's Law of Supplies and Demand during this extraordinary day. This law states that the supplies you need are never in your car box when you need them.

We don't have a supply room down the hall, and you're usually 500 miles from the office when you need something. It makes for some creative dressing changes. We home health nurses are a talented group. I bet you've never used a pair of panty hose to secure a leg dressing! I've been tempted to submit a few of my dressing changes to the Museum of Modern Art.

In spite of the obstacles, I have persevered. It's now around midnight and I just completed my last visit. And after all this, I've grown attached to this special town. Tonight I'm staying at the Wit's End motel in downtown Loganville and tomorrow I'm building a house.



Student Nurse Cut-Ups!

He'll be in Heaven Afore Ye

The student nurses were doing their clinical rotation on a neurological unit. One student, assigned to a patient with a CVA, had not completed the Glasgow Coma Scale with her assessment. When questioned about this, she stated, "The patient was not really that responsive, so I didn't do it."

Linda Ardire, MSN, CNS C, CCRN

Traction Where?

As a clinical instructor, I often see students looking confused, worried or upset. But this male student looked positively green as he reviewed the patient record. Noting that penile traction was ordered for his patient, he said in an anguished voice, "Just how much weight do they hang on that thing anyway?" He was relieved when I explained that penile traction involved gauze and a Foley, not weights, ropes and pulleys.

Dr. Linda W. Johnston

Em-bare-assed

I was doing my clinical rotation in the burn unit. The R.N. and I had just gotten a patient cleaned up and were putting Aquaphor on the patient's burns. I had on sterile gloves and a glob of gooey Aquaphor in both hands. As the R.N. was instructing me on how and where to apply it, I suddenly had a strange sensation and knew I would not be able to apply the Aquaphor without breaking sterile technique.

"Would you do it?" I asked.

Eager to teach, she responded, "No, you can do it. Go ahead."

"It's better that you do it," I replied. She gave me a puzzled look and asked why. At that moment the drawstring on my scrubs finished coming loose and my scrub bottoms fell to my knees. You might say we had a full moon in the burn unit that day. (Yes, Mom, I had on clean underwear.)

Wes Brown, S.N.

Just Trying to Help

While going through nursing school I worked night shift as a nursing assistant. One night I was asked to check the urinary output on a post-op elderly gentleman who was very hard of hearing. He was awake so I introduced myself and explained that I needed to check the tubing from his catheter. He kept smiling and didn't say a word. As I proceeded, he held the sheets tightly and began shouting, "What are you doing? Who are you?"

All that yelling brought in his nurse who replied rather loudly, "She's the aide."

He grunted and said, "What? She's got AIDS? Well, I sure don't want her touching me down there then! She may be cute but that stuff could kill ya!"

Rebecca Rouvier, R.N.

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories(50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, MSE, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Hermeneutics for Nurses

by Dave Fox, RN

As my team worked the arrest in the trauma room, I picked up the telephone, "ER!"

"They brought in my uncle, Mr. S. Is he OK?"

Mr. S. was the current guest of honor, the arrestee as it were. How he was doing was open to question. Do I tell the caller his heart is being beaten regularly, or he's getting a whole lot of oxygen right now?

I decided to hedge just a little, "He's doing as well as can be expected under the circumstances."

The caller hung up and I was left to think about my guilt.

"He's doing as well as can be expected . . ." It was like much of nursing language: near enough to the truth not to be a lie, but not so close as to be a commitment. Our profession is wrapped in tentative language: "potential for deficit," "no difficulty noted," "appears comfortable." We call this Nursing English, a contradiction in terms akin to *military intelligence* or *hospital administration.*

Ever since I first learned that *eructation* was a polite way to say *burp,* I've been morbidly fascinated with nursing language. It seems every profession has its jargon, designed to keep the outsiders out. Nursing is probably no worse than others in this respect. Its use, however, is on the increase and examples, all more or less odious, abound.

Ambulatory is a nursing school word that used to send me around the bend. What was wrong, I asked, with an all-American word like *walk?* My nursing instructor told me *ambulatory* was more professional. I broke out in a cold diaphoresis and felt the sudden urge to micturate.

Since then, *ambulatory* has become pretty small potatoes. The world of nursing education (another oxymoron like *rock opera* or *government help)* has taken quantum leaps in the effort to exterminate common English.

. . . if you hear what I'm saying, in a self-actualized, client-centered, multi-disciplinary, decentralized manner of speaking.

Take, for example, *network. Network* is not a verb. But nurses have been urged to network with their colleagues or, even worse, take networking breaks to dialogue with others. Network is a noun. You can look it up. That is, if you hear what I'm saying, in a self-actualized, client-centered, multi-disciplinary, decentralized manner of speaking.

A journal article which examined how nurses use their gut feelings as part of decision making referred to a *hermeneutic investigative approach.* It also mentioned a *phenomenologic* study that says your bedside judgment is a combination of pattern recognition, similarity recognition, common sense (how did that get in there?), understanding (that, too!), skilled know-how, salience (?), and deliberative rationality.

Or, as my father says, "bushwah!"

For those who are wondering, *hermeneutics* refers to the science of interpretation, or finding the meaning of an author's words and phrases and explaining them to others. Uh, yeah.

Phenomenology is the branch of science that classifies and describes its phenomena without any attempt at explanation. In other words, I don't know what it is, but here it comes again! Sounds like the nursing process in the hands of a doctoral candidate.

I hope the people who come up with this stuff will someday come down from their carpeted offices and stand next to a patient. They can use their pattern and similarity recognition to help with decub care and their sense of salience to talk to real people with real families.

You know, there's nothing like a patient puking on your shoes to test the old deliberative rationality. That's where you learn even more descriptive nursing language.

You Know It's Time to Transfer Your Patient From the SICU When . . .

by Georgianna Bakshys with Nancy Lesnick, RN and staff of the SICU

. . . her bottle of lotion runs out.

. . . he asks where the garbage bag is.

. . . he starts saying "please" and "thank you."

. . . she stops saying "please" and "thank you."

. . . he calls you in the room because there's a wrinkle on the top sheet.

. . . she complains about everything you say or do.

. . . he uses the cover of his dinner plate as a bedpan.

. . . he completes his own hourly vital signs.

. . . the only notes on the patient are written by the medical student.

. . . she knows where the EKG leads should be placed.

. . . the resident makes daily assessments from the doorway.

. . . he recites his own differential diagnoses.

. . . he has had no orders written for forty-eight hours.

. . . she pulls out her inner cannula without pulling out the trach.

. . . written in every box on the order page: "orders reviewed by RN."

. . . he tells you how to change tubing, flush lines or draw blood.

. . . she requests a psych consult for her family.

. . . she comments daily on her doctor's tie.

. . . he knows how to get an early breakfast tray.

. . . she asks you to shave her legs.

. . . he ambulates in the hallway twice.

. . . she can't find her tweezers.

. . . he balances his checkbook.

. . . she prepares her tax returns.

. . . she's planing to have the CEO over for dinner.

. . . you're invited to his daughter's baby shower.

. . . she tells you what happened at the last staff meeting.

. . . she gives the inservice on how to use the new bed.

. . . he orders take-out with the night shift.

. . . he's sending postcards with the message, "wish you were here, having a great time!"

REAL LIFE ASSESSMENTS

by Mary C. Thorkildson, MSN, RNC, ARNP

As a nurse practitioner, I take many histories and perform many physical exams. I've noticed that patients sometimes say odd things. Here are a few examples:

I said to a young patient, "I think we should do a pregnancy test on you."
"Oh no," she said, "I can't be pregnant. All he did was splash me."

Q. "In order to figure your due date can you tell me when you think you became pregnant?"
A. ''Yes, I think it was when I drank that Pepsi because I ain't never had a Pepsi before."

Woman patient is sitting on examination table. Man in room sitting in chair. I address the woman.
''What brought you to the clinic today?"
Man answers, ''We borrowed a car.''
Again, addressing the woman, ''No, I meant, why are you here?"
Man answers, "I brought in the wife. It's time for her Pap test. I take care of my women."

Q. What is the matter with you today?"
A. "I have a urine tract insection and a blue hand."

Q. "Do you have your uterus?"
A. ''No, I had a hysterectomy twice."

"You seem upset."
"Yes, my nerves are terrible. I had it this way once before."
"What did you do for it?"
"I got a prescription for reprobate and it really helped but they don't give it out anymore do they?"

Q. ''Have you had any major surgeries?"
A. ''No, they just took my nuts."
Q. "Pardon me?"
A. ''My nuts! They took 'em off 'cause of cancer."

I often ask, "What is bothering you?" Here are some of the answers I've received:
''My hyena hernia.''
"The fibers in my gina.''
"My glands fell."
"My son's tiggie is red."
"My husband has all-timers and my nerves."
"The baby has a bug."
"The baby works when he drinks milk."
"I need something for dry sex."

Our history form asks, "Have you had any surgeries?" Some of the responses include:
"I had heart surgery for the blockage of my ardor."
"I had a Hystorctory."
"I had a lascoply."
"I had a lubelagation."
"I had a cesation for a baby girl."
"No, but I am asthmamatic."

Q. ''Are you allergic to anything?"
A. ''Yes, red Kool-Aid makes my heart irregular."

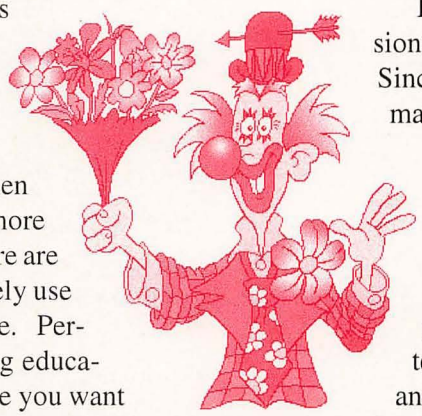
Q. ''Are you sexually active?''
A. ''No, my boyfriend does all the active stuff."

Being Funny On Purpose

by John Kinde, DTM

Most humor in the hospital setting is unplanned. It just happens. Spontaneous events with patients and staff create the surprises and uncomfortable situations which call for humor as a coping tool.

We all have differing abilities to recognize, appreciate and create humor. How's your HQ (humor quotient)? Do you work with people who are full of wit?



Regardless of where you are now, you can increase your humor skills. When you study humor, it's obvious there's more to it than just spontaneous laughs. There are times when you may want to deliberately use humor, maybe even plan it in advance. Perhaps you want to spice up a continuing education session or a TQM meeting. Maybe you want to lighten up a shift briefing. You can learn ways to administer a dose of laughter to help you connect and communicate.

There are three elements which can help you understand and structure your humor: surprise, tension and relationships.

First, humor is based on the element of *surprise.* Humor often comes from something as simple as a patient saying the unexpected. The surprise twist creates the humor.

Because of the element of surprise, when we are deliberately structuring a piece of humor (perhaps in a lesson plan) we don't want to telegraph the joke. A line like, "a funny thing happened to me on the way to the hospital," signals your listeners that a joke is coming. This will lessen the element of surprise.

To enhance the surprise, it's best to place the punch line at the end of the joke. And within the punch line, the punch word is usually given last. The punch word is the word that makes the humor work. It's the trigger that releases the surprise.

If your humor falls flat, do what professional humorists do. Pretend you are serious. Since the listeners didn't realize you were making a joke, you never need to apologize or explain it. Turn your surprise into a secret.

It's no surprise to nurses that humor is also based on this second principle: *release of tension.* Laughter is a pressure valve which releases muscle tension. Uncomfortable situations, fear and pain are all tension builders that cry out for humor. We find ourselves laughing at risqué humor and embarrassing situations because they make us uncomfortable. We release the tension they create with humor.

People who use humor intentionally know tension can be used deliberately to heighten the impact of the humor. A pause placed just before the punch line or the punch word builds a sense of anticipation, a form of tension, which makes the joke stronger.

Working in health care gives you ample opportunity to intentionally use tension in setting up your humor. Simply by sharing a real life humorous situation, you can recreate the spontaneous circumstances which generated the laughter in the first place. Although there's nothing like "being there," you can improve on the actual event by embellishing to create a little more tension in the set

up. You can structure the punch line for maximum effect, by putting the punch word last. And you can pause to add impact.

As we plan our humor, we also notice that the third principle of humor is *relationships.* Most humor is based on how things are related and not related. We can create humorous twists when we play with relationships.

Gary Larson's *Far Side* cartoons are well known for twisting relationships. One of his most frequent tools is giving animals human characteristics. For example, the cartoon shows a car driving down the road. Driving the car is a bull. Sitting next to the bull is a cow. And in the back seat is a calf. They're driving past a field with humans standing in the pasture. The picture, by itself, creates a funny picture by twisting the normally expected relationships. The calf sticks his head out of the car window and says "Yakity, Yakity, Yak!"

Understanding the principle of relationships, you are able to create your own, original humor. You can create "shopping lists" from which you search for humorous connections.

Let's say you had an idea for building some humor. We'll call it a seed from which the humor can grow. Perhaps, on a difficult shift, someone made a comment that working in a hospital was like working in a war zone. This is the starting point for developing some humor.

We'll begin by creating two "shopping lists." On one list you'll put "hospital things." And on the other, you'll list "military things." We'll choose "military" rather than "war zone" because it's a broader category which will give you more options when looking for relationships.

Your first step is to brainstorm by making the lists as long as possible. The more items you have on each list, the more likely you'll be able to make some humorous connections.

As you make your lists, you'll look for opportunities to branch out and create sublists to multiply your chances of finding humor. For example, if the idea "basic training" comes to mind, your sublist should contain everything you can think of relating to basic training: drill sergeants, marching, inspections.

The next step is to search for connections between your two lists which might lead you to humor. Play with it. Then set it aside and come back to it later. Once you find something with humorous possibilities, you'll massage it to maximize the humor impact.

To see what this exercise might produce, check out "Why a Hospital is Like the Military," in the sidebar.

Whether you're creating a list or a slogan to go on a poster, looking for a monologue to open a speech or training session, or just searching for one joke to make a point, you can use the use these lists to create your humor. It works.

These three principles of humor are illustrated by the classic slip on the banana peel. This slapstick spill illustrates *surprise* because we weren't expecting someone to fall. We also experience tension. When we see someone get hurt we get startled, and react with *tension.* It also twists *relationships.* Seeing a distinguished person sitting on the sidewalk is something out of the ordinary. Surprise, tension, relationships . . . we laugh!

Natural, spontaneous humor is one of your greatest tools for coping with stress as you work. By understanding what makes the humor tick, you can become better at planning and deliberately using this powerful adjunct to your healing arsenal.

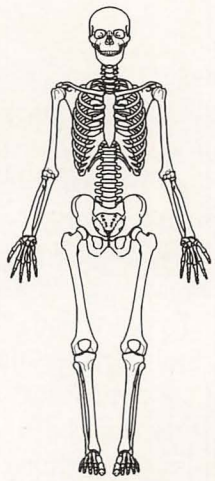
John Kinde, DTM, is a professional humorist and comedy-magician.

Why a Hospital is Like the Military

- In the military, soldiers take orders from people with silver and gold on their shoulders. In a hospital, nurses take orders from people with silver and gold in their wallets.
- When discharged from the hospital after a Lower GI Series, you get the GI bill.
- To fill the graveyard shift, hospitals sometimes resort to the draft.
- Nurses, like soldiers, see a lot of privates.
- A nurse's shoes may lack the shine, but they have the spit.
- When filling out a hospital shift report, you sometimes resort to the policy of "Don't ask, don't tell."
- Military pilots watch the stars. As a nurse, you had best watch Uranus.
- Bill Clinton once shouted, "Down with the draft!" Hillary, in her appeal for health care reform, once shouted about the "gown with the draft!"
- Nurse training is like boot camp. Never before had you seen so many bald body parts.
- "Charge soldier!" means run uphill under life-threatening conditions. Sort of like Charge Nurse.
- In the military, a fatigue is what you wear. In nursing, it's what wears on you.
- Soldiers get combat pay. Nurses don't . . . but should!

Confessions of a Fossil

by Terri Quillen, RN



There's nothing like a new graduate nurse to perk up the unit . . . makes us feel young again . . . it's good to get some new blood injected . . .

Let's stop right here! You're probably thinking, "Wrong! If it's any of the new grads I know, the only blood they're capable of injecting is onto themselves or into the wrong patient!"

Shame, shame. If you had this thought, it can only mean one thing. You're a fossil. A set-in-your-ways set-in-stone rock-of-Gibraltar stony-faced font of knowledge with five-plus burned-out years of service in your profession. Join the club.

We may no longer be able to single-handedly roller blade our way from hall A to hall C, while balancing two tube feeding bags and twin IV poles, but we can still irritate new grads or anyone in earshot with wearisome war stories from the old days. Here are a few to get you started. Do you remember . . .

. . . when the only keyboards we needed to use were tacky wooden strips with pegs to keep the spares to the med and utility rooms?

. . . when our worst fear about giving CPR was getting the taste of day-old Efferdentless dentures in the mouth?

. . . or having the old codger wake up and ask for a hot date?

. . . when patients complained about bedpans, because the cold metal tingled their tushies? Not because the cheap plastic breaks under their butts causing gluteal lacerations and a need for non-reimbursible plastic surgery.

. . . the days before voice mail, when paging someone meant an all-over hospital PA call and sweaty interns running breathless up eight flights of stairs to respond?

. . . when witnessing a patient "coming out of the closet" meant filing an incident report for attempted theft of bed linens?

. . . when the degree battle most of us engaged in was determining the superiority of Celsius vs. Fahrenheit?

. . . when an acceptable knowledge of programming meant scanning the local TV Guide to make sure that your patient's x-ray wouldn't conflict with the afternoon rerun of General Hospital, and that you could provide a bedside plot synopsis if it did?

. . . when clogs were in drains, sneakers were underage visitors to the maternity ward and duty shoes were ugly, white and truly uniform?

. . . when Ayds-related dementia was the buzz you got from eating too many benzocaine-laced diet chocolates munched to keep you awake during your sixteen-hour shift?


THE ADVENTURES OF
P.M.S.
THE P.M. SUPERVISOR
By C.J. MILLER
HELLO DR. JOHNSON.
OH,..HI,... I WAS HOPING I WOULD RUN INTO YOU...
YES?
PLEASE... I HOPE YOU WON'T THINK I'M BEING TOO FORWARD...BUT,
YES!
THE RESIDENTS ARE HAVING A LITTLE GET TOGETHER THIS FRIDAY AND I'D LIKE YOU TO GO WITH ME...
THAT'S SUCH A NICE OFFER... BUT, I REALLY MUST DECLINE...
YOU SEE, I DON'T THINK IT'S SUCH A GOOD IDEA TO MIX SOCIAL AND BUSINESS RELATIONSHIPS...
OH...I UNDERSTAND. IT'S JUST THAT I'VE ADMIRED YOUR PROFESSIONALISM AS WELL AS YOUR SENSE OF HUMOR HERE AT THE HOSPITAL... JUST THOUGHT IT MIGHT BE FUN... OH WELL, SEE YOU AROUND...
HEY! REMEMBER THAT OL' SENSE OF HUMOR... WELL, I'M ALSO QUITE THE KIDDER...WAIT UP!

Back Issues

Vol. 1, No. 1.-Spring 1991
OB: Progressing from Front to Back · Disease of the Month Club · Sadistics · How to be a Crack ICU Nurse · How to Read Nursing Employment Ads · Space Alien Abduction Disorder · Nurse's Car Shopping Guide · Addendum to DSM III-R · Two page introductory Culture and Sensitivity. 44pp., $4.50ppd. Soon to be a collectors item!

Vol. 1, No. 2.-Summer 1991
Whinorrhea · Real Reasons Nurses Call in Sick · Toxic Sock Syndrome · En-Clux Test-Bored State of Nursing Review · The Confusion-ometer · The Eastside Communique · Ninja School of Nursing · Communication Skills: Improving Guest/Pest Relations · The Humor Basket · Today's Nursing Fashions. 44pp., $4.50ppd.

Vol. 1, No. 3. -Fall 1991
Wild Bill · Bob's Discount Hospital · Gauze · That was No Body, That was Grandma · You Know It's Going to be a L-o-o-o-ng Shift When . . . · Notice of Nursing Vacancy · Arrogant Physician Disorder · Fables from the Forties and Fifties- Peg Redecorates · 44pp., $4.50ppd.

Vol. 1, No. 4. -Winter 1991
The Bag · Intravenous Therapy · School Nurse · Horoscopy: The Horoscope for Nurses · Beeper Toxicity · More How to Read Nursing Employment Ads · My Favorite Holiday · The Adventures of PMS: The PM Supervisor · The Eastside Communique · Review of C. W. Metcalf's works · Creating a Comedy Cart. 44pp., $4.50ppd.

Vol. 2, No. 1. -Spring 1992 - SOLD OUT

Vol. 2, No. 2. -Summer 1992 - SOLD OUT

Vol. 2, No. 3. -Fall 1992
Cerebral Edema Type II · Today's Nursing Fashions · A Portrait From Johnny Yuma · DSM-IV: A Preview for Nurses · Erik Erickson's Developmental Stages Applied to Nursing Research · Fool's Rules · A Tale of Two Friends: Kidd Knee and Cysto · The Olympic Athletes of Mill Town Memorial · Bedpan Blues, 44pp., $4.50ppd.

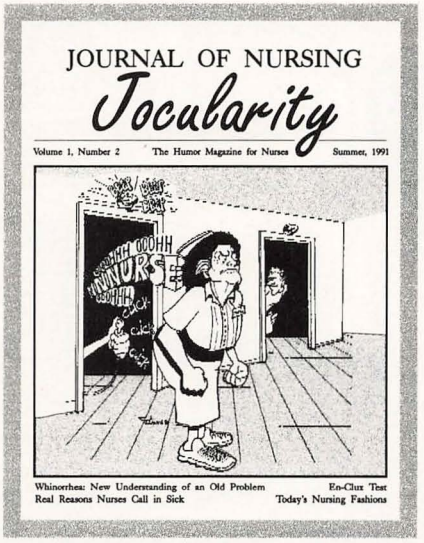
Vol. 2, No. 4. -Winter 1992
Cancer Prevention - A Female Perspective · How to Read Nursing Employment Ads · New Gadgets for the 90's · Burnt Out Nursing Inventory · Care of the Unconscious Patient · More Real Reasons Nurses Call in Sick · Forbidden Humor is Not Necessarily Negative Humor, by Dr. Christian Hagaseth III · Send in the Clowns! Part I, 44pp., $4.50ppd.

Vol. 3, No.1.-Spring 1993
Emergency Department Baseball · Mendy's Laws and Rules of Disorder for Nursing · Insurance Alert · How Humble are You? · Bedside Bird-Watching · Nursing School vs. "Real Life" Nursing · Immediate Nursing Action · Guidelines for ACLS Recertification · Humor, Laughter and Tears , 44pp., $4.50ppd.

Vol. 3, No.2.-Summer 1993
Which Way to the Hospital? · Silly Superior-ISMS · Why Are Computers Better Than Sick Folks? · Climbing to the Top · Vic · Behind the Scenes at a Long-Term Care Pharmacy · Iso-Suit · Emergency Stat: Nintendo Overdose · Meet Mr. Nightingale · I Love Being a Mommy... · Culture and Sensitivity · Student Nurse Cut-Ups, 44pp., $4.50ppd.

Vol. 3, No.3.-Fall 1993
The Dogs and Cats of Healthcare · Why? · 12 Step Nursing School · Faculty Beware · So What Really Made You Become a Nurse? · Three Cheers for the Health Care Team · Are You Ready For The 90's · Knight, Knight · Nursing Lingo · Out of My Class · Jest For The Health of It! _ Physician, Tickle Thy Comrade, 44pp., $4.50ppd.

Vol. 3, No.4.-Winter 1993
The Ideal World of Nursing · Passages · 'Twas the Day Before Christmas · Nurses of Infamy · Broken Heart Syndrome: A Case Study · Read My Lips · Seasonal Depression Related To Lack Of Christmas Spirit · The Art of Pen(light)manship · Liven Up! Fun for Folks at Work · Jest For The Health of It! - Making Humor Work, 44pp., $4.50ppd.



Vol. 4, No.1.-Spring 1994
How to Be a Crack ER Nurse · A Specimen From Barney · The Lighter Side of Death and Dying: Listening for Laughter · Flatometer II · The Midnight Ride of Nurse Revere · Thoracic Park · What the Interviewer Really Meant... · The Inevitable Questions · New Nursing Gadgets for the 90's, 48pp., $4.50ppd.

Vol. 4, No.2.-Summer 1994
Tern Migration · Laws of the O.R. · Crash Course from the Crash Cart · Totally Informed Consent · The Story of Betty the Bully · Your Guide to Choosing a Nursing Education Program · The New Nurses' Guide to ECG Interpretations · Things They Never Taught You in Nursing School · The Stages of Laughter, 48pp., $4.50ppd.

Vol. 4, No. 3.-Fall 1994
In the Dark in ICU · A Nurse is a Nurse · The Autopsy · Charting Bloopers · Romancing the CVP · ICP Monitoring Home Insertion Kit · Administrative Aptitude Test · You Know You've Been a Nursing Student Too Long When... · Incident Reports: Psych · Do You Have a Sense of Humor · Rockin' Cancer's Blues Away, 48pp., $4.50ppd.

Vol. 4, No. 4.-Winter 1994
A Visit From Saint Nicholas · Combating Inspection Anxiety · Rules of ER Etiquette for Patients and Visitors · Nursing Questions That Can't Be Answered · Immediate Nursing Action · Horo-scopy: The Horoscope for Nurses · The Nursing Channel · Choosing to be Amusing, 48pp., $4.50ppd.

Vol. 5, No. 1.-Spring 1995
SoYou Want to Be A Nurse Executive · Ode to Swan Ganz · Maimography: The Pancake Pose · Seven Theses for Reform · Images of the Perfect Nurse · Mental Health Days · Healthcare Movie Ratings · Code Brown: Are Your Prepared? · Laugh and Learn: Humor in Nursing Education, 48pp., $4.50ppd.

Vol. 5, No. 2.-Summer 1995
Reclaiming Your Inner Pup · The Sea Witch · Mental Health Nursing · Confessions of a Camp Nurse · You Know the Bureaucracy Has Gotten Too Big When... · Patient Transfer Quiz · Medical Mutants · Environmental Unconsciousness: IV Tubing · Discharge Planning Made Easy · Starting a Humor Cart, 48pp., $4.50ppd.

Vol. 5, No. 3.-Fall 1995
Out in the Code · Reality Check for Nurses · The New Nurse's Guide to ECG Interpretation · Organ Talk · Hospitals: What's in a Name · IV Starts · Drugseekers: What We Can Teach Them · You Might Be a Gomer If... · Grandma Wears Combat Boots · Looking for a Job · Velcro in Psychiatry · How to Irritate a Nurse · Step CPR, 48pp., $4.50ppd.

Vol. 5, No. 4.-Winter 1995
My Glove is Quick · P.A.C.U. · Maladies, Mishaps and Muck · EKG with Aberrancy · Getting What You Wish For · Almighty Source of Healing · Don't Ask Me, I'm Just a Shepherd · An Axe Job? · The Phenomenon of Anal Varicosities · JNJ Grows Up! · I've Read About It... · Health Care Reform, 48pp., $4.50ppd.

Vol. 6, No. 1.-Spring 1996
Tube, Lavage, Charcoal · Profile of an Emergency Room Nurse · Inevitable Outcomes in Home Health Nursing · Surgical Nursing · Cruise to the Islet of Langerhans · If Nurses Did Nursing the Way Doctors Do Medicine · New Gadgets for the 90s · The Nursing Diagnosis and Treatment of Death · The Truth About Condom Catheters, 48pp., $4.50ppd.

Vol. 6, No. 2.-Summer 1996
The Nurses's Bladder · Nursing Admission Note · Clinical Ladders: Giving Nurses a Step Up · How to Interpret Nursing Performance Evaluations · A Day in the Life of a Burn Nurse · Nurse and Infant Devlopment · Nursing's Own Bell Curves · Findings of a Documentation Review Nurse · Is There a Nurse in the House?, 48pp., $4.50ppd.

Special Discount! Buy four or more issues, and they are only $4.00 each, postage paid. Limited supplies of some issues, so DON'T WAIT!

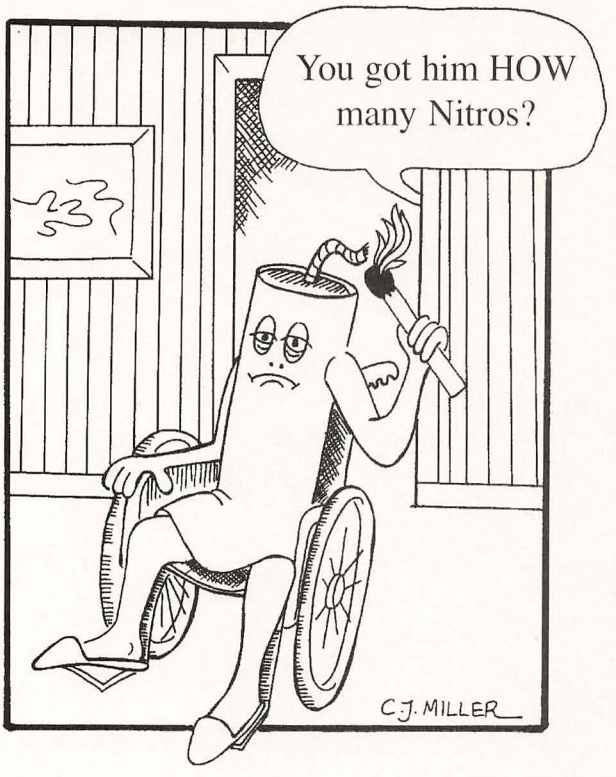
Make checks payable in U.S. funds. For Canadian & Foreign Sales, add $1.00 per magazine for additional postage, maximum $4.00.

Back issue sales are handled separately from subscription sales. To speed delivery, please send all back issue requests to:

JNJ Back Issues
P.O. Box 40416
Mesa, AZ 85274

Winner from our last issue. We had 68 captions submitted

Punchline Puzzler



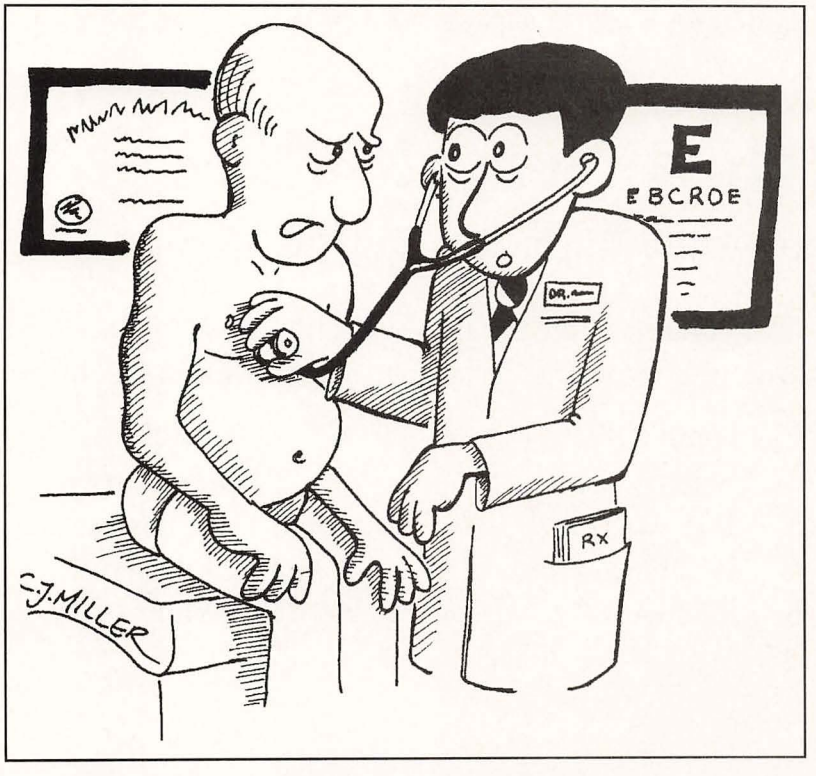
Winning caption by
Dolores A. Flynn
Colonia, NJ

Runner-up captions

Nurse, have Mr. Jones give us a stool specimen, urine specimen, sputum specimen and have him throw in a sperm specimen while he's at it.
Janice Vischio, LPN
Spring Hill, FL

Gone Lytely
Joni Harrell, BSN, CRNA
Versailles, KY

This cartoon needs a punchline. The Journal of Nursing Jocularity will award $25 and a JNJ T-shirt for the best caption. Two runners-up will receive a JNJ T-shirt. **Send entries <u>on a postcard</u> to: JNJ - Punchline, P.O. Box 40416, Mesa, AZ 85274. Entries must be received by September 30, 1996.**



Special thanks to Greer of the Native New Yorker Judging Committee

Nursing Supplies Wordfind

By Andrea H. Sangrik, RN, BSNA

Included herein are 20 common nursing items. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! The solution is on page 42

BP Cuff	IV Tubing
Badge	Needles
Calipers	Pens
Cap	Pills
Cart	Scissors
Charts	Stethoscope
Drug Book	Thermometer
Fanny Pack	Uniform
Glucometer	White Shoes
Hemostat	Sense of Humor

S T E T H O S C O P E G
Z E P F A I O C E P M L
P T N Z A Z P N F R W U
R V I S C R S E G T L C
Q W R R E G B L D H O O
W B T O S O F T V E R M
O F L S R M F Q D R T E
T A T S O M E H R M D T
S L L I P G R F U O B E
B A T C I T W A G M A R
S P J S S C G N B E O A
E V S L F R S N O T R R
O Y C N T T E Y O E W V
H S U T R L L P K R E Y
S L J A O P D A I Y G T
E P H F O R E C T L D R
T C L C I Z E K R A A A
I V T U B I N G B P B C
H A E P U N I F O R M A
W F F U C P B Q F Z I P

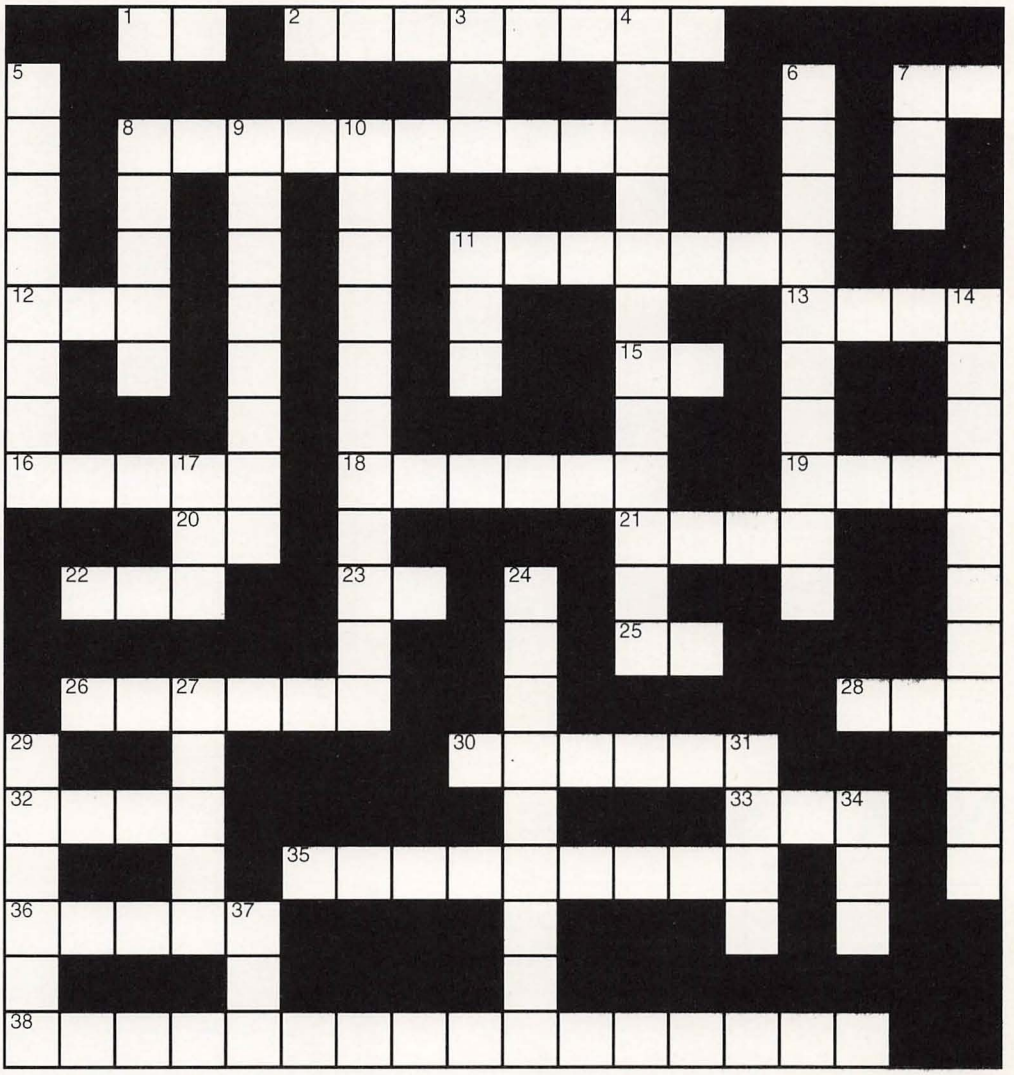
How Nervy!

by Anita Bush, RN, PhD, CNRN

Can you rearrange the following nonsense to discover the nerve hidden within? All answers are only one word. Example: Real Choc = Cochlear. Solutions on page 42.

1. Dean Cubs
2. Scory Case
3. U on a "cutes"
4. Realm of...
5. I sic cat
6. Calm Rail
7. O he pans us!
8. Claps 'n Chin
9. In a Lit Germ
10. Pict Many
11. Tepid Orgy
12. Oh my doily!
13. Set? I scream.

JNJ CROSSWORD

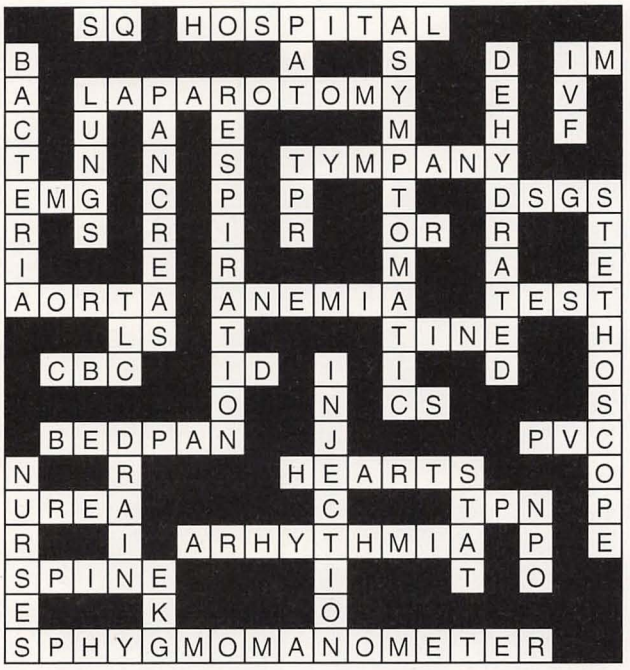


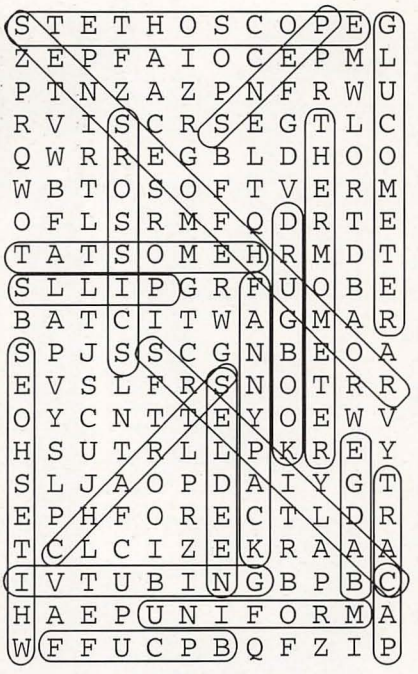
by Michelle Gizzi, RN, BSN

ACROSS
1. route to inject insulin
2. where sick people go
7. route for Vitamin K
8. surgical exploration of abdomen
11. heard over distended abdomen
12. electromyogram (abbrev)
13. dressings (abbrev)
15. operating room (abbrev)
16. largest artery
18. decreased red blood cells
19. aid in diagnosing
20. lumbo-sacral (abbrev)
21. tuberculosis skin test
22. complete blood count (abbrev)
23. infectious disease (abbrev)
25. culture and sensitivity (abbrev)
26. elimination device for bedridden
28. premature ventricular contractions (abbrev)
30. blood-pumping organ (pl)
32. blood _____ nitrogen
33. total parenteral nutrition (abbr)
35. irregular heartbeat
36. vertebrae
38. blood pressure measurement device

DOWN
3. pre-admission testing (abbrev)
4. without symptoms
5. disease-causing germs
6. lack or loss of fluids
7. intravenous fluids (abbrev)
8. breathing organs
9. insulin-producing organ
10. an inhalation and expiration equals one
11. vitals (abbrev)
14. listening device
17. triple lumen catheter (abbrev)
24. Method of delivering medications into bloodstream
27. fluid collection/removal device
29. they run the hospital
31. immediately
34. nothing by mouth
37. electrocardiogram (abbrev)

Solution on page 42





How Nervy! Solutions

1. abducens
2. accessory
3. cutaneous
4. femoral
5. sciatic
6. lacrimal
7. saphenous
8. splanchnic
9. trigeminal
10. tympanic
11. pterygoid
12. mylohyoid
13. masseteric

NEXT ISSUE

Pre-Op Instructions As Our Patients Hear Them by March Warn, RN. No patient would deliberately ignore our pre-op instructions. An apparent technical glitch in the phone lines creates serious communication gaps.

Assumptions by Carol Cramer, RN. No matter how many times you hear that annoying "ass-u-me," you still forget.

A Passing Grade by Paula J. Wilshe, BA. How complicated can a drug and alcohol screen be?

Change by Raymond Bingham, RNC. Have you been to one of those ''Changes in Today's Health Care'' presentations yet? Did it help clear things up?

Christmas Turkeys by Anne Wallace Sharp, RN. Dedicated to every nurse who ever had to work in the Emergency Room on Christmas.

Nurses—Act Now: Get Your "Act" Together and Set the Stage for Jocularity by Dale L. Anderson, MD. You've been scripted (trained), costumed (uniformed) and directed (supervised) to give an Oscar winning performance. When you feel tired, stressed or burned out, can you change your feelings on cue?

Code on the Front Lawn by Pamela M. Lagrange, RN, BSN. Sung to the tune of "Here Comes Santa Claus," this is a seasonal tale of professional commitment.

JOURNAL OF NURSING Jocularity

Give yourself permission to laugh about this wild and crazy profession. Give yourself a treat. Don't miss a single issue of the **Journal of Nursing Jocularity**, one of the fastest growing nursing journals around.

"One of the 10 Best Magazines of 1991. A wild sick magazine that deserves immediate attention." ***Library Journal, April 15, 1992.***

Subscribe to The **Journal of Nursing Jocularity** today!

Subscription Rates

USA	1 Year	2 Years	Canada , Mexico and Foreign	1 Year	2 Years
	$14.95	$25.95		$18.95	$29.95

Enclosed is my check or money order (**U.S. Funds Only**) for $_____

Name _____ ☐ 1 Year Subscription

Address _____ ☐ 2 Year Subscription

City/State/Zip _____

The Journal of Nursing Jocularity makes a great gift!
Please send a gift subscription to:

Name _____ ☐ 1 Year Subscription

Address _____ ☐ 2 Year Subscription

City/State/Zip _____

Gift from _____

Because the JNJ is mailed in bulk to keep our costs (your subscription price) down, we are unable to start subscriptions with back issues. The JNJ is published quarterly (February, May, August and November) Your first issue may take up to 12 weeks for delivery.

Return to:
JNJ Dept. JNH6
5615 W. Cermak Road
Cicero, IL 60804-9855

Use Coupon or Duplicate

Subscribe Today!

HUMOR

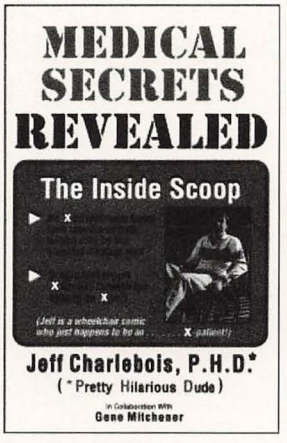
by Karyn Buxman, RN, MS

Flashback: The 1995 National Conference of The American Association for Therapeutic Humor in San Francisco. It's been a full day and heads are spinning from loads of learning and laughter. New officers have been inducted and the day is coming to a close. Thoughts are turning to "where shall we eat?" when past-president Bruce Strombach announces that everyone is in for a little treat.

I'm wondering, "What else could possibly be squeezed into this full day?" Within seconds of a quick introduction, I'm blasted out of my seat by two of the most untraditional comedians I've ever met. Enter Jeff Charlebois and Gene Mitchener. Within seconds Jeff has the audience in stitches. Firing one quick line after another, the audience barely has time to catch its breath. And when he's done playing with the group, up comes Gene Mitchener. No mercy! Gene reminds us that we probably already know of him. He's a professional model. Perhaps we'll recognize him by one of his well-known pictures. Then he holds up the universal sign for a handicapped parking place.

You see, these two guys are on a roll! They are dynamite comedians who are not stand up comedians, but rather, sit-down (wheelchair bound) comedians. Readers of the *JNJ* are aware that much, if not most, humor comes from playing with pain. Pulling from their own past painful challenges, Jeff and Gene hit the audience right between the eyes with humor about everyday life and about disabilities.

At the age of 16, Jeff found himself paralyzed as a result of a car accident. But rather than focusing on his misfortune, Jeff chose to move ahead. While at college working on his B.A. in psychology and business, Jeff summoned the courage to take his God-given talent of comedy on stage. In a recent interview by Elaine Lundberg for *Therapeutic Humor*, Jeff stated, "I like the fact that I have a message, even though it's unintentional, that whether you're disabled, physically challenged, whatever you want to call it . . . you can have a sense of humor to create disability awareness that breaks down that barrier."

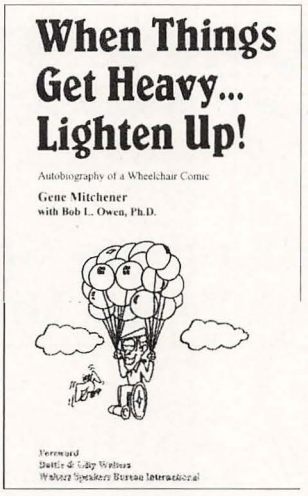


Thus his book, *Medical Secrets Revealed* ($14.95; 126 pages; paperback), which is published by LeBois productions. (Jeff points out that LeBois comes from his last name. "It means 'man who grovels for a date.' Absolutely all the money from the sales of my book go directly to the handicapped!") Filled with "behind the scenes" truths, half truths, and total hogwash about hospital and medical antics, Jeff pokes fun at anyone who pokes at patients.

In his chapter on surgeons, Jeff makes an observation already known to most nurses: *Surgeons are usually meticulous. They like everything laid out in the same spot each time. God help the nurse if the scalpel is discovered lying at the wrong angle. The surgeon will carefully pick it up and lay it down in the correct position, after he's pulled it out of the careless nurse* (page 57).

In his chapter on occupational therapists he notes: "One thing you can count on is an OT using lots of

abbreviations. It's a way of showing the layman that the OT school does indeed have a purpose." He describes what might happen if this lingo is accidentally shared with a spouse: *"Hi honey, what's for dinner? You mean I work q.d. while you barely work q.o.d.; OOD. Right now, my c.c. is a LBP so I think it's best that I watch TV and see what's on NBC a.c. while you prep dinner. Then p.c. HS you can give me the TX that I haven't had in mos cause you always have a H/A at Noct.. Some x's you're like a FB to me. Why do you R/O NPO? Is it A.M.A.? You could at least nibble on my A.S. A.S.A.P.. Am I ugly and NFFD? It won't cause you N&V, you know?"* (For a translation, buy the book and turn to page 86.)



And on the maintenance man: *The maintenance man is a candy striper with a doctorate degree in maintenance. He gets on his knees and crawls on the floors, all so that he can hear those words of praise, "When you're done with that, there's a toilet stopped up on the fifth floor and it needs a seat"* (page 89).

Gene Mitchener's book, *When Things Get Heavy . . . Lighten Up!* ($10, 165 pages, paperback), is an autobiography that entertains and enlightens. Following what seemed to be a normal, healthy early childhood, a series of physical and emotional challenges turned Gene's life upside down and inside out. But Gene's gift for humor took the life blows and used them to help reframe his perspective. He learned early on the social and psychological benefits of humor. Even as a young child, Gene had a knack for making others feel comfortable with him and with themselves through the use of his humor.

Indeed, in the midst of a crisis, Gene's sharp wit would shine through the dark tragedy. While in high school working at a pizza joint, Gene's hand tangled with a meat grinder, becoming hopelessly enmeshed. After being whisked into the emergency room, a nurse who was also a family friend rushed into the ER and cried out, "Oh, my God, Gene! What happened?" Gene calmly held up his hand, meat grinder and all, and said, "Look, Sue, I'm engaged."

As a result of the accident, Gene lost three fingers. On the way home from the hospital, he and his father stopped at a gas station. When the attendant came to the car and asked Gene how much gas he wanted, without thinking Gene held up his hand to indicate $5. The attendant looked puzzled and suddenly Gene remembered he no longer had five fingers. "I'm sorry," he laughed. "That's only $1.75." He held up his other hand and said, "Make it five."

Through his comedy, his speaking, and now his book, Gene Mitchener hopes to reach those who are physically, emotionally, and/or spiritually handicapped. Gene believes it is our responsibility, disabled or otherwise, to focus our attention on positives, to concentrate our abilities on what we can do in life and then do them. Jeff Charlebois strongly opposes living in the past; rather he looks to the future for the possibilities that it holds. (Incidentally, he's single.)

Gene and Jeff collaborate their comic talents and can be contacted at Rolling Productions, 5807 Topanga Blvd, Suite G-309, Woodland Hills, CA 91367. Telephone number 818-999-4523/FAX 818-999-9346. Until next time, I remain yours in laughter!

Historic Moments in Nursing

Mr. Norman Fritzki, of Belmont, Ohio became the first man to enter the nursing profession for the sole purpose of achieving social status, happiness and financial security by marrying a doctor. March 22, 1966.

JEST for the HEALTH of IT!

by Patty Wooten, BSN, CCRN, a.k.a "Nancy Nurse"

Humor Therapy Group
Interview with Pamela Minden, MSN

Pamela Minden is an assistant professor of nursing at Edgewood College in Madison, Wisconsin. One part of her job is supervising senior nursing students during their psychiatric rotation on a forensic psych unit at Mendota Mental Health Hospital. I heard Pamela discuss the humor group therapy program she began at Mendota during the 1995 conference for the American Association for Therapeutic Humor. I was so inspired by her success and with the concept of using a structured humor program with acute psychiatric patients, I wanted to share this with our *JNJ* readers.

Patty Wooten: Pamela, tell us about the beginning ideas for this project.

Pamela Minden: Actually, I conceived this idea in 1984 during graduate school at Boston University. I wanted to research humor for my master's thesis in psychiatric nursing. I was always more interested in why people stayed healthy than why they got sick. I believe that people with a sense of humor are often very healthy. I was working at a VA Hospital with a group of Vietnam vets and noticed their flat affect. Whether they talked about their families and children or of the atrocities they witnessed during the war, they had the same emotional tone. I also noticed that they rarely laughed and seemed to lack a sense of humor. I wanted to focus my thesis research on developing their humor. Ultimately, I worked with a group of WW II vets instead, because my clinical supervisor felt they would be more appropriate.

What did you actually do to help them develop their humor and did you quantify any changes?

Since most of the WW II vets had moderate to severe depression, we used the Zung Depression Scale before and after the humor training group. We attempted to coach the patients toward an observable manifestation of humor through very simple and then gradually more complex skills. We led them through exercises during the group and then gave them homework assignments. First, in group, we would all try smiling together, and they were told to practice smiling in front of a mirror, gradually working up to smiling at other people. Then we began sharing jokes and cartoons in group and they were asked to bring humor into group to share with others. Then we moved on to playful children's games like Simon Says.

What kind of changes did you see with this initial research and have you published this study?

Well, the most significant change was improvement in their depression scores. All but one of the eight patients improved. I published a description of this research project in the Handbook of Humor in Clinical Applications of Psychotherapy.

Tell us about your current clinical project with nursing students and forensic psych patients.

Most of my nursing students are white, middle class, females from rural areas in Wisconsin. Their psychiatric clinical experience is provided in a male forensic psych unit where the patients are either ac-

cused or convicted of crimes like larceny, rape or murder. Patients on this unit have a combination of affective disorders, thought disorders (schizophrenia) and personality disorders. As you might suspect, my students are highly anxious about working with this population. The humor group therapy is a process where the students and patients can connect on a more natural, relaxed and human level. It's interesting that both words humor and human have the same Latin root: *humus,* which means earth. I hoped that the humor work would provide a foundation of connection and trust that would facilitate other therapeutic interventions. We have three goals for the group: to introduce the students to the concept of humor as a therapeutic intervention to create an opportunity to develop practical applications, to provide the patients a respite from the boredom of the hospital, and finally, to provide a forum for both the patients and the students to "lighten up" and see each other in a more realistic perspective.

What is the structure of the group routine and are there any ground rules?

We have two basic rules which are reviewed at the beginning of each group. Disruptive behavior is not allowed and the humor should include everyone, rather than the caustic, offensive humor of laughing at people.

We begin each group with an introduction of everyone and this is usually done in some kind of a game format. We do this because patients may drop in to the group. Also, this serves as a warm-up, ice breaking exercise.

Next, we have a call for jokes, which both students and patients enthusiastically share. It's interesting to note that sometimes patients will tell me a joke before group to validate that it won't be offensive to others. I think we are helping them develop some basic sensitivity skills.

After the jokes we have some type of humorous activity or team activity. Each week, a different student is assigned to lead the group and to plan this humor activity. Students learn some leadership skills and their creativity and courage is tested as they involve others. I'm constantly amazed at what they come up with. One activity called, "Walk like an Egyptian" was just hilarious. We all came up with our own interpretation of what that would look like. Another time, we went outside to play "Balloon Football." Each team stood in lines and we were not allowed to move our feet, but had to hit the balloon towards the goal. It was a windy day, so you can imagine how funny we all looked.

After the humorous activity, we have a discussion where people have a chance to share. We specifically ask if anyone was offended by anything. By that time, the humor has helped to disarm the defenses we usually hold and a deeper disclosure or insight can occur. I remember one man (a convicted pedophile) expressing concern that one of the jokes might be offensive to another group member who had an arm amputated. Through this process of "appropriate humor" training, we are teaching about the importance of a developing a sensitivity to people's boundaries.

Finally, we close the group with some sort of amusing activity, such as a funny handshake.

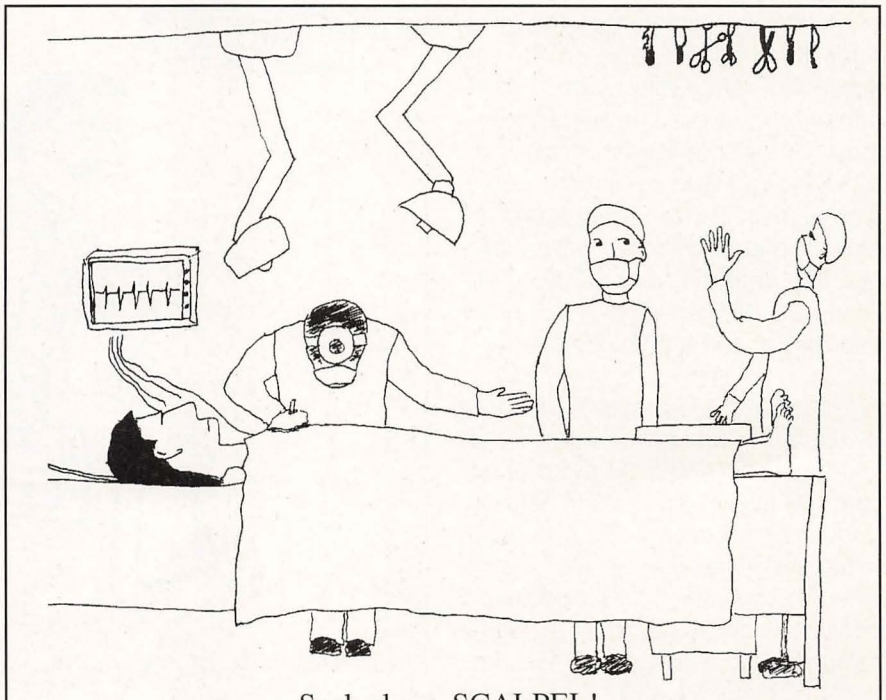
Pamela, just briefly, how would you summarize the impact of your humor group therapy?

I believe that sharing humor draws people together in a way that connects them at a spiritual level. By "lightening up" the students and patients are to find the "light," or the goodness, in each other, and thus transcend their stereotypical views of one another. At the end of every seven-week session of the Humor Group, students and patients alike comment on how the experience has enlightened them: "It was great to lighten up," "It helped my light side come out," "I can see things in a different light." Research has already measured the benefits of humor and laughter on the mind and the body. We all know intuitively that they also have great relevance for the human spirit. Quantifying that knowledge however, will be a challenge.

Resources:

Minden, P. (1994). Humor: A corrective emotional experience. In E. Buckman (Eds.), Handbook of Humor: Clinical Applications in Psychotherapy. Malabar, FL: Krieger.

Pamela Minden's e-mail address is: pminden@edgewood.edu



Scalpel . . . SCALPEL!

Bubbly-ography

and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Humorous Books & Magazines

Fluff My Pillow, Bend My Straw by Joan Brady, RN, BSN. Courtney Quinn, BSN, is a new grad ready to take on the world of professional nursing. You will laugh with her and cry with her. But most of all you will remember. Courtney is the strength, power and passion of the nursing profession. $14.95 + 3.00 S&H. Vista Publishing, 473 Broadway, Long Branch, NJ 07740. 800-634-2498.

Quotations to Cheer You Up When the World is Getting You Down by Allen Klein will lift your spirits and tickle your fancy with classic quotations from the sublime to the ridiculous. This handy desk-reference offers over 750 witty quotations and is a great resource for writers, speakers and anyone who likes to have a perfect line on hand. US $8.99. Published by Wings Books. For order information call 1-800-793-2665.

A Treasury of Medical Humor edited by James E. Myers is a collection of jokes, stories and cartoons that will give you laughs, giggles and gaffaws, and make you feel great. It's a book to treasure when you are well or sick, when you're feeling down and need a boost up and to stay up. Available through Lincoln-Herndon Press, Inc., 818 S. Dirksen Parkway, Springfield, IL 62703. Price: $10.95 + $2.00 S&H.

201 Things To Do While You're Getting Better (at Home or In the Hospital) by Erica Levy Klein is the first combined activity book and self-help guide for the indisposed adult. Full of facts, tips, cartoons, crossword puzzles, and bits of inspiration, this refreshing book aleviates boredom, discomfort and the physical vulnerability of getting well. $10.95. Available at bookstores from Chronimed Publishing, Minneapolis, MN.

Humor Research Books & Articles

Have a Heart - The Lighter, Brighter Side of Recovery by Wilford Hehmer, Jr. Bill shares his story of death, life, recovery and survival in a warm and witty manner. It's for anyone who has suffered the effects of cardiac disease - and the tenacity and humor that's often needed to recover. Cost $9.95ppd. Have a Heart, 5362 Cedardale Dr., West Bend, WI 53095.

Playfair—Everybody's Guide to Non-Competitive Play. Matt Weinstein, director of Playfair and Joel Goodman, director of The HUMOR Project give us this delightful book that teaches noncompetitive games to make your work or social group more cohesive. Games designed for all size groups. For info write: Impact Publishers, P.O. Box 1094, San Luis Obispo, CA 93406.

I don't know Doc! It just started growing after I got out of law school!!

Therapeutic Humor Newsletters

Joygerm Joan's Good Newsletter, Infectionately Yours is a delightful quarterly publication devoted to spreading joy and cheer. For information write to: Joygerm Joan, Box 219, Eastwood Station, Syracuse, NY 13206.

Gags, Gifts, Toys, & Miscellaneous

Archie McPhee and Company. As far as I know, this is the best catalog in the world for such wonderful items as rubber chickens, skeleton keyrings, bendable hearts and plastic nuns. Great fun just to browse through. For a catalog write to Archie McPhee, P.O. Box 30852, Seattle , WA 98103

M.E. Persson Clown Supplies. This catalog has wigs, shoes, costumes, props and whatever else a clown could possibly use. Also includes an extensive listing of joke books and books about clowning. Write to: M. E. Persson Clown Supplies, The Castles, Rt 101 C-7(JNJ) Brentwood, NH 03833.

HMO: THE GAME is a humorous and satirical look at medical practice in the 1990's with its increasing medical regulations, malpractice suits, and insurance company constraints. A great gift for anyone involved in today's medical delivery system who has felt frustration dealing with its bureaucracy. Send $19.95 + $4.00 P & H to: HMO: THE GAME, 3009 N. Ballas Rd., Suite 213, St. Louis, MO 63131.

Northern Sun Humorous and serious, social issue and political T-shirts, bumper stickers, buttons, posters, magnets, cards candles and more For a catalog write to Northern Sun, 2916 E. Lake St., Minneapolis, MN 55406.

Whole Mirth Catalog. It is designed to help you get more mirth-provoking moments and humorous insights into your life. It includes humorous items, toys, gags, books, tapes, etc. Whole Mirth Catalog is owned by author Allen Klein. To get this catalog for the kid inside you send $1.00 to Whole Mirth Catalog, 1034 Page St, San Francisco, CA 94117

Audio & Video Tapes

Dr. Annette Goodheart offers a wide selection of therapeutic audio and video tapes including "Loss, Laughter & Tears," "Sex—Tee-Hee," and "Laugh Your Way to Health." She also sells Charlie Bear, the most huggable teddy bear you have ever seen. For information write: Annette Goodheart, PhD, P.O. Box 40297, Santa Barbara, CA 93140.

World Wide Web Sites

The Exploding Head home page. A very bizzare web site. The author takes popular and not so popular public figures, and blows up their heads, with lots of funny captions to go along with them. His latest victims include Bob Dole and Bill Gates. http://www.king.net/gilmore/head/heads.html

Jerry's Emergency Medical Humor Page. As the author says "Sometimes the only thing that keeps EMS people going is a good sense of humor, so I offer you a few doses of tasteless, sick, twisted, and funny material..." http://home.cwnet.com/catspaw/emshumor.htm

When you write to these organizations, don't forget to mention the Journal of Nursing Jocularity.

Is your hospital or organization looking for a speaker for their next conference or workshop?

The Journal of Nursing Jocularity's Speakers Bureau can help you find a speaker within your budget who can talk on humor, stress, positive attitude or a similar subject. This is a free referral service.

You may reach the Journal of Nursing Jocularity's Speakers Bureau at 602-835-6165.

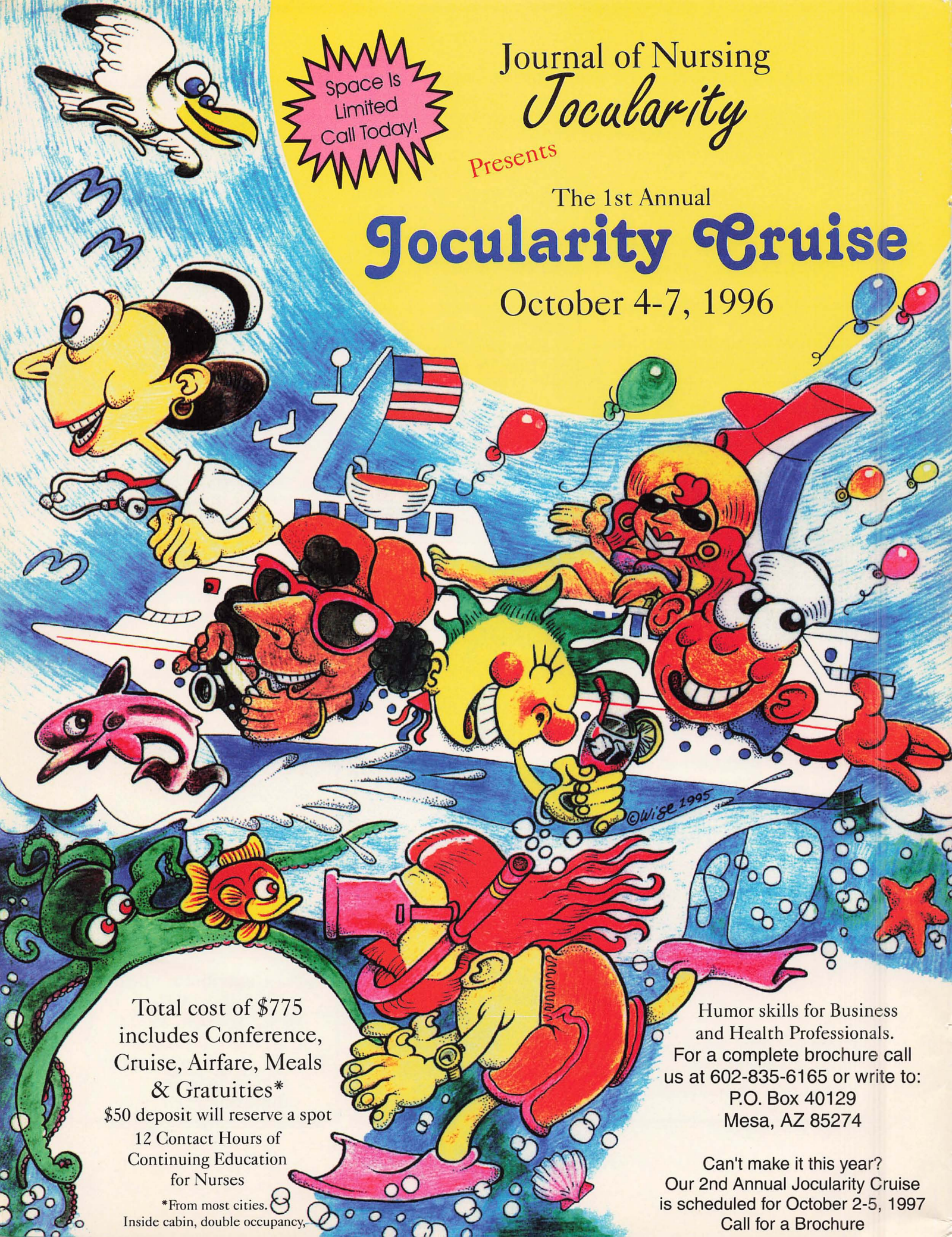
If you are a speaker on the therapeutic use of humor or related subjects and would like to be listed in our Speakers Bureau, please contact us for more information.

Writers and Artists Needed

Are your stories or artwork as funny or funnier than you've seen here? Then what are you waiting for? Send a 9 x 12 self addressed envelope with 55¢ postage to:

JNJ Contributors Info
P.O. Box 40416
Mesa, Arizona 85274

We will send you complete guidelines for submitting material.


Space Is Limited Call Today!
Journal of Nursing
Jocularity
Presents
The 1st Annual
Jocularity Cruise
October 4-7, 1996
©Wise 1995
Total cost of $775 includes Conference, Cruise, Airfare, Meals & Gratuities*
$50 deposit will reserve a spot
12 Contact Hours of Continuing Education for Nurses
*From most cities. Inside cabin, double occupancy.
Humor skills for Business and Health Professionals.
For a complete brochure call us at 602-835-6165 or write to:
P.O. Box 40129
Mesa, AZ 85274
Can't make it this year?
Our 2nd Annual Jocularity Cruise is scheduled for October 2-5, 1997
Call for a Brochure